

### Clallam County Environmental Het Lab 223 E. 4<sup>th</sup> St. Port Angeles, WA 98502 (360) 417-2334

COLIFORM BA	CTERIA AN	ALYSIS		
	me Sample	County		
1214/12	Collected			
Month Day Year —	7:15 D PM	CLALLAM		
Type of Water System (check only one box	()			
☐ Group A ☐ Group		her_NTNC		
Group A and Group B Systems Provide f	rom Water Facilitie	s Inventory (WFI):		
	ID# <u>I H 3 8 2 6</u>			
System Name: 7 CENAR	S CASI	nD		
	ECKER			
Day Phone: (360) 681-460		Phone: ( )		
Eve. Phone: ( )	FAX	X: ( )		
Send results to: (Print full name, address and zip	code)			
1033 OLD BLy	- 6			
SEQUIM WA	98363			
	NEODMATION			
Sample collected by (name):	NFORMATION			
TEFF	BECKER			
Specific location where sample collected:	Spe	cial instructions or comments:		
MAIN BARSINK	P	BILL TO TRIBE		
Type of Sample (must check only one box				
1. Routine Distribution Sample		le (after unsat. routine)		
Chlorinated: Yes No	☐ Distribution			
Chlorine Residual: Total , 03 Free 04		oundwater Rule (GWR)		
3. Raw Water Source Sample	(Population	of 1,000 or less)		
☐ E. coli GWR source sample	Unsatisfa	ctory routine lab number:		
Fecal Surface, GWI, some springs				
Other	Unsatisfactory	routine collect date:		
S				
Public systems must provide source number from WFI		es No		
4. ☐ Sample Collected for Information On		ual: Total Free		
Investigative Construction /	-	Other		
	ATER RESULT	Other		
Unsatisfactory Total Coliform Present ar		7.2 002 01121		
	li absent	Satisfactory		
	Fecal coliform abse	ente II N/I E E		
Replacement Sample Required:	NEU	ETV E		
☐ Sample too old (>30 hours) ☐ TNT(	51 -0-	0010		
☐ Improper Container ☐ Turbi	d culture DEC	- 1 ZULZ		
Bacterial Density Results: Plate Count	/ml.s.E.c	PREGION 10 /100ml.		
	Fecal Coliform	ER AND WATERSHEDS // 100ml.		
Method Code: MICR- 2720	1	ate and Time Received:		
Date Analyzed: / 2 - 4-	12 D	ate Reported: 12-512		
Sample Number (DOH number plus five digits)		ab Use Only: 64		



## Clallam County Environmental Heal 223 E. 4<sup>th</sup> St. Port Angeles, WA 98302 (360) 417-2334

7 0	60) 417-2	Common Committee	A 7030	32
COLIFORM BACTERIA ANALYSIS				
	ne Sample Collected	AM PM C	Cou	
Type of Water System (check only one box		Other _ /	NTN	/C
Group A and Group B Systems Provide fr ID# H 3 & System Name: 7 CEDARS	2 4	<u> </u>		: D 8
Contact Person: JEFF Be		1110		
Day Phone: (360) 681-460		Cell Phone	e: (	)
Eve. Phone: ( )		FAX: (	)	
1033 OLD BL	RIBE	WAY		
SEQUIM WA	9838	12	***************************************	***************************************
SAMPLEI				
Sample collected by (name): JEFF	BECKE	R		
Specific location where sample collected: CA-03 MAIN KITC,	HEN			r comments:
Type of Sample (must check only one box	of #1 through	#4 listed be	low)	KIDE
1. Routine Distribution Sample Chlorinated: YesX_No Chlorine Residual: Total_33 Free_04  3. Raw Water Source Sample  E. coli GWR source sample Fecal Surface, GWI, some springs Other S Public systems must provide source number from WFI	Source (Popul Unsatisface ————————————————————————————————————	poution Syste e Groundwa lation of 1,0 atisfactory re  ctory routine	mater Rule (000 or less) butine lab r collect da	GWR) number:
		Residual: To	tal F	ree
4. Sample Collected for Information On Investigative Construction /		Othe	er	
LAB USE ONLY DRINKING W			LABLIS	E ONLY
☐ Unsatisfactory Total Coliform Present a ☐ E.coli present ☐ E.co ☐ Fecal coliform present ☐			0	factory
Replacement Sample Required:	AF	CE		EM
Sample too old (>30 hours) ☐ TNT ☐ Improper Container ☐ Turb	c id culture	חבר –	7 201	2
Bacterial Density Results: Plate Count	/ml	. E.coli_	1 5,446	/100ml.
Total Coliform/100ml.	Fecal Colifor	MJ.S. EPA F	REGIONAD WA	Oml <sub>SHEDS</sub>
Method Code: MICR- 2720		Date and	Time Rece	ived:
Date Analyzed: 12-4-12		Date Re	orted:	15-11
Sample Number (DOH number plus five digits)		Lahllea	Only	1-010

DOH Form #331-319 (revised 11/10)



# Clallam County Environmental Healt 223 E. 4<sup>th</sup> St. Port Angeles, WA 98362 (360) 417-2334

4 AAMUH P		
COLIFORM BA	ACTERIA AN	IALYSIS
Date Sample Collected T	ime Sample	County
1116112	Collected  O: O C PM	CLALLAM
Month Day Year	. 0 : 07 □ PM	CLACCITI
Type of Water System (check only one bo	ox)	1-11
☐ Group A ☐ Group	в 🖄 с	ther_N/TNC
Group A and Group B Systems Provide	from Water Facilit	es Inventory (WFI):
ID# 7 H 3 8		108
System Name: 7 CEDA	RS CAS	ino
Contact Person: IEFF	BECKER	
Day Phone: ( ) 681-46	100	tell Phone: ( )
Eve. Phone: ( )		AX: ( )
Send results to: (Print full name, address and a	zip code) R.BE	
1033 OLB BLY		
SEQUIM WA 9	8382	
SAMPL	E INFORMATION	DN
Sample collected by (name):	CAMPOR	ini
Specific location where sample collected		Special instructions or comments:
CA-05 MAIN BAG	2	BILL TO TRIBE
Sink		
Type of Sample (must check only one		
1. Routine Distribution Sample		ample (after unsat. routine)
Chlorinated: Yes_X_ No	- 0	ution System Groundwater Rule (GWR)
Chlorine Residual: Total 3 Free 0  3. Raw Water Source Sample	(Popula	ation of 1,000 or less)
E. coli GWR source sample	Unsa	tisfactory routine lab number:
Fecal Surface, GWI, some sprin	gs	
Other		tory routine collect date:
s		
Public systems must provide source number from WFI	Chlorinate	d: Yes No
		Residual: Total Free
4. Sample Collected for Information		0.0
Investigative Construc		
	G WATER RES	
Unsatisfactory Total Coliform Pres		Satisfactory
	E.coli absent  ☐ Fecal coliforr	n absent
Fecal coliform present		PE IVE
Replacement Sample Required:	TNIC	
☐ Sample too old (>30 hours) ☐ Improper Container ☐	Turbid culture	V 1 A 2012
	THU W	nl. <i>E.coli</i> /100ml.
Bacterial Density Results: Plate Count		rapa region 10 /100ml,
Total Coliform/100	OFFICE OF V	Date and Time Received:
Method Code: MICR- 2720		11/6/12 11:25 as
	-6-12	Date Reported: 11-7-12
Date Allalyzed.	- 1 -	Lab Use Only: An A

DOH Form #331-319 (revised 11/10)



# Clallam County Environmental Healt 223 E. 4<sup>th</sup> St. Port Angeles, WA 98362 (360) 417-2334

COLIFORM BACTERIA ANALYSIS				
The second secon	Time Sample County			
11/6/12	collected AM			
Month Day Year	192 DPM	CLALLAM		
Type of Water System (check only one box	)			
☐ Group A ☐ Group E	<b>X</b> 0	ther_NTNC		
Group A and Group B Systems Provide fr	om Water Facilitie	es Inventory (WFI):		
ID# I H 3 8	26			
System Name:	0.10	5		
Contest Parent		0		
Contact Person: JEFF 8  Day Phone: ( ) 481-44603		oll Phone: (		
Day Phone: ( ) 681-4602  Eve. Phone: ( )		ell Phone: ( )		
Send results to: (Print full name, address and zip of TAMESTOWN TA	code)	۹۸. ( )		
JAMESTOWN TA	RIBE			
1033 OLD BLY	n HiWA	19		
SEQUIM WA	98382			
SAMPLEI	NFORMATIO	N		
Sample collected by (name):	1000001	•		
	Ampor!			
Specific location where sample collected:	Hen Sp	pecial instructions or comments:		
SIDK	6	3. LL TO TRIBE		
Type of Sample (must check only one box	of #1 through #4	listed helow)		
1. Routine Distribution Sample				
1. Routine Distribution Sample 2. Repeat Sample (after unsat. routine)  Chlorinated: Yes \( \) No \( \) Distribution System				
Chlorine Residual: Total 03 Free 04 Source Groundwater Rule (GWR)				
Raw Water Source Sample (Population of 1,000 or less)				
☐ E. coli GWR source sample  Unsatisfactory routine lab number:				
☐ Fecal Surface, GWI, some springs		-		
Other	Unsatisfactory routine collect date:			
S				
Public systems must provide source number from WFI	Chlorinated: '	Yes No		
Tunio di stata in indice provide doni de financia in infi (141)	Chlorine Res	idual: Total Free		
4. ☐ Sample Collected for Information Only				
Investigative Construction /	Repairs	Other		
LAB USE ONLY DRINKING W	ATER RESUL	TS LAB USE ONLY		
☐ Unsatisfactory Total Coliform Present a	nd .	Satisfactory		
	oli absent	FIME		
	Fecal coliform ab	osent   V =		
Replacement Sample Required:	2			
Sample too old (>30 hours)	LII	1 4 2012		
☐ Improper Container ☐ Turb	id culture	las		
Bacterial Density Results: Plate Count	PEFICE OF WAT	coli GION 10 /100ml.		
Total Coliform/100ml.	Fecal Coliform	/100ml.		
Method Code:		Date and Jime Received:		
MICR- 2720				
Date Analyzed: 11-6	-12	Date Reported: //-7-12		
Sample Number (DOH number plus five digits)		Lab Use Only: Bus		
UJL" [/ K ]/ F] /	)			



## Clallam County Environmental Health I

N N	0) 417-2334	
COLIFORM BACTERIA ANALYSIS		
Buto cumple comercia	Sample County	
1012112	ected AM	
Month Day Year	: 14 DPM CLALLAM	
Type of Water System (check only one box)	SI AITAIC	
Group A Group B	Other NTNC	
Group A and Group B Systems Provide from	7 (0	
D# =	108	
System Name: 7 CEDARS		
Contact Person: JEFF BE		
Day Phone: (360) 681-460		
Eve. Phone: ( )  Send results to: (Print full name, address and zip co	FAX: ( )	
JAMES 70W1	TR.86	
1033 OLD BLy,	n Hiway	
SEQUIM WA,	98382	
	IFORMATION	
Sample collected by (name): TEFF	BECKER	
Specific location where sample collected:	Special instructions or comments:	
CA-03	0511 == >0 05	
MAIN KITCHEN SI		
Type of Sample (must check only one box of	2. Repeat Sample (after unsat. routine)	
1. Routine Distribution Sample  Chlorinated: Yes X No	☐ Distribution System	
Chlorine Residual: Total 03 Free 04	Source Groundwater Rule (GWR)	
3. Raw Water Source Sample	(Population of 1,000 or less)	
☐ E. coli GWR source sample	Unsatisfactory routine lab number:	
☐ Fecal Surface, GWI, some springs		
Other	Unsatisfactory routine collect date:	
S		
Public systems must provide source number from WFI	Chlorinated: YesNo	
4 D O H of discussion O	Chlorine Residual: Total Free	
4. Sample Collected for Information On Investigative Construction /		
	ATER RESULTS LAB USE ONLY	
Unsatisfactory Total Coliform Present a		
	oli absent	
☐ Fecal coliform present ☐	Fecal coliform absent	
Replacement Sample Required:		
☐ Sample too old (>30 hours) ☐ TN	OOI I O LOIL	
☐ Improper Container ☐ Tur	bid culture	

10-2-12 Date Analyzed: / Do-Sample Number (DOH number plus five digits) 092- 22 63

Bacterial Density Results: Plate Count\_

10/2/12 10:46 Date Reported: 10-3-12

Date and Time Received:

\_\_/100ml.

OFFICE CHESTIFFA REGION 10/100mLD

Fecal Coliform\_

/100ml.

Date Analyzed:

Total Coliform

Method Code:

MICR- 2720



### Clallam County Environmental Healt 223 E. 4<sup>th</sup> St. Port Angeles, WA 98362 (360) 417-2334

A HUMAN SE	4 HUMAN 66 (500) 417-2554			
COLIFORM BA	CTERIA	ANALY	SIS	
	ne Sample		County	
1012 112	Collected	(AM		
Month Day Year		PM C	LALLAM	
Type of Water System (check only one box	)			
☐ Group A ☐ Group B			NTNC	
Group A and Group B Systems Provide fr	om Water Fa	cilities Inve	ntory (WFI):	
ID# <u>4 H 3 8</u>	2 4	9		
System Name: 7 CEDAR	S C:	Asino	3	
Contact Person: JEFF 8				
Day Phone: (3/6) 681-460		Cell Phon	ie: ( )	
Eve. Phone: ( )		FAX: (	)	
Send results to: (Print full name, address and zip	RIBE			
1033 DLD Blyn		4		
	7 8385	<i>*</i>		
SAMPLE		TION		
Sample collected by (name):	RECKE			
Specific location where sample collected:	Decke		structions or comments:	
CA-05			L TOTRIBE	
MAIN BAR SINK		BIL	10 16/16E	
Type of Sample (must check only one box	of #1 through	#4 listed be	elow)	
1. A Routine Distribution Sample	2. Repeat	Sample (af	ter unsat. routine)	
Chlorinated: Yes_XNo	☐ Distri	bution Syst	em	
Chlorine Residual: Total Free, 04		ce Groundwulation of 1,0	rater Rule (GWR)	
3. Raw Water Source Sample			routine lab number:	
☐ E. coli GWR source sample	0113	alistaciony	roduite lab fluffiber.	
☐ Fecal Surface, GWI, some springs				
Other	Unsatisfa	actory routin	e collect date:	
S		_/		
Public systems must provide source number from WFI	Chlorinate	ed: Yes	No	
450		Residual: T	otal Free	
4. Sample Collected for Information Or	5.0			
Investigative Construction /			er	
LAB USE ONLY DRINKING W		SULTS	LAB USE ONLY	
Unsatisfactory Total Coliform Present a		-	Satisfactory	
	oli absent	n aks-ut-		
Fecal coliform present Replacement Sample Required:	Fecal coliforn	n absent		
	oid culture	OCT	0 2012	
	id Guildie		berrow	
Bacterial Density Results: Plate Count	/m	L.E.coli	REGION 10_/100ml.	
Total Coliform/100ml.	Fecal Colifor	OF WATER	AND WATERSHEDS /100ml.	
Method Code:		Date ar	nd Time Received:	
MICR- 2720		10/2	112 10:46	
Date Analyzed: 10-2-12- Sample Number (DOH number plus five digits)		Date Re	eported: 10-3-12 e Only: 3m P	
092- 2 7 6 3 /		Lab US	only. ASMP	



# Clallam County Environmental Heal 223 E. 4<sup>th</sup> St. Port Angeles, WA 98362 (360) 417-2334

COLIFORM BA	CTEDIA A	NAIVEIC	
0. 7 . 12	ne Sample Collected	County	
915112	42 XAI	CLALLAM	
World Day Teal		CONCERM	
Type of Water System (check only one box)		117110	
☐ Group A ☐ Group B		Other_NTNC	
Group A and Group B Systems Provide fr		ities Inventory (WFI):	
System Name: 7 CEDARS		ð	
Contact Person: JEFF BE	T		
Day Phone: ( ) 681-460	2 (	Cell Phone: ( )	
Eve. Phone: ( )		FAX: ( )	
Send results to: (Print full name, address and zip of	TRIBE		
1033 OLD Bly	in Hiwa	4	
SEQUIM WA	98382	/	
SAMPLE	NFORMATIO	DN	
Sample collected by (name):	BECKE	ER	
Specific location where sample collected: CA-03 MAIN KITCH	S	Special instructions or comments:	
SERVICE SI'NK	eri	BILL TO TRIB	
Type of Sample (must check only one box of	 of #1 through #4		
1. 🗷 Routine Distribution Sample	2. Repeat Sa	mple (after unsat. routine)	
Chlorinated: Yes_X_No Distribution System			
Chlorine Residual: Total, 02 Free 09 Source Groundwater Rule (GWR)			
3. Raw Water Source Sample		ion of 1,000 or less)	
☐ E. coli GWR source sample	Unsati	sfactory routine lab number:	
☐ Fecal Surface, GWI, some springs			
Other	Unsatisfactory routine collect date:		
s  /			
Public systems must provide source number from WFI	WFI Chlorinated: YesNo		
Chlorine Residual: Total Free			
4. ☐ Sample Collected for Information Only			
Investigative Construction / I			
LAB USE ONLY DRINKING WA		V	
Unsatisfactory Total Coliform Present ar		Satisfactory	
☐ E.coli present ☐ E.col		hand	
	Fecal coliform a	DSERIE   V E	
Replacement Sample Required:  Sample too old (>30 hours)			
	d culture SEF	1 0 2012	
Bacterial Density Results: Plate Count_		E.coli/100ml.	
Total Coliform/100ml.	Fecal Collforn	EPA REGION 10 ATER AND WATERSHEDS	
Method Code:		Date and Time Received:	
MICR- 2720		9/5/12 10:10	
Date Analyzed: Q-5-1 Sample Number (DOH number plus five digits)	2	Date Reported: 9-6-12	
<b>092-</b> <u>ZZ4/Le</u>		Lab Use Only: 3M+	



# Clallam County Environmental Heal ab 223 E. 4<sup>th</sup> St. Port Angeles, WA 98362 (360) 417-2334

COLIFORM BA	CTERIA A	NALYSIS
Date Sample Collected Tir	me Sample	County
915182	Collected	,
Month Day Year	8.37 AM	CLALLAM
Type of Water System (check only one box	K)	
☐ Group A ☐ Group	,	Other NITNIC
Group A and Group B Systems Provide t	rom Water Facili	ties Inventory (WFI):
ID# I H 3 8	2 6	- 108
System Name:		
7 CEDAR		110
Contact Person: JEFF B		2 II DI
Day Phone: ( ) 681-460	~	Cell Phone: ( )
Eve. Phone: ( )  Send results to: (Print full name, address and zip		FAX: ( )
JAMESTOWN 7	RIBE	
1033 OLD BLy		94
SEQUIM WA	98382	
	INFORMATIO	ON
Comple collected by (news):		
SEF	F BEC	KER
Specific location where sample collected:		Special instructions or comments:
CA-05 CASINO BA		0 11 1
Main BAR si		BILL TO TRIBE
Type of Sample (must check only one box	1	
1. Routine Distribution Sample	2. Repeat Sa	mple (after unsat. routine)
Chlorinated: Yes_X_ No		tion System
Chlorine Residual: Total, 02 Free, 04		Groundwater Rule (GWR) tion of 1,000 or less)
3. Raw Water Source Sample		sfactory routine lab number:
☐ E. coli GWR source sample	Ulisati	stactory routine lab flumber.
☐ Fecal Surface, GWI, some springs		
Other	Unsatisfacto	ory routine collect date:
S		
Public systems must provide source number from WFI		: Yes No
4570 108 110 110		sidual: Total Free
4. Sample Collected for Information O	•	0.1
Investigative Construction		
LAB USE ONLY DRINKING V		
Unsatisfactory Total Coliform Present		Satisfactory
	oli absent Fecal coliform	Skoont
Replacement Sample Required:	J recal comentia	SE VEA
☐ Sample too old (>30 hours) ☐ TN		
	bid culture	P 1 0 2012
	blu cultule	o LoiL
Bacterial Density Results: Plate Count	/mls	E.coli /100ml
Total Coliform/100ml.	Fecal Coliform	VATER AND WATER OF THE STATE OF
Method Code:		Date and Time Received:
MICR- 2720		9/8/12 10:10
Date Analyzed: 9'-5-1	2	Date Reported: 9-6-12
Sample Number (DOH number plus five digits) <b>092-</b> 77 (144		Lab Use Only:
UJL" //(//L/		1



#### Clallam County Environmental Heal 223 E. 4<sup>th</sup> St. Port Angeles, WA 98302 (360) 417-2334

Very Human of the Company of the Com	0) 417-2334
COLIFORM BAC	TERIA ANALYSIS
	Sample County
8/7/12 Col	lected AM
Month Day Year	53 DAM CLALLAM
Type of Water System (check only one box)	2/7//6
☐ Group A ☐ Group B	Other_NTHC
Group A and Group B Systems Provide from ID#	2 6
System Name: 7 CEDARS	CASINO
Contact Person: JEFF BECK	CER
Day Phone: ( ) 681 - 4607	
Eve. Phone: ( )	FAX: ( )
Send results to: (Print full name, address and zip or	ode) BE
1033 0 0 BLyn	Hiway
SEQU'M WA	98382
	NFORMATION
Sample collected by (name): JEFF	BECKER
Specific location where sample collected:	Special instructions or comments:
CA-05 MAIN BAR	A Total
	BILL TO TRIBE
Type of Sample (must check only one box of	2. Repeat Sample (after unsat. routine)
1. Routine Distribution Sample	<u>10.000</u>
Chlorinated: Yes X No	☐ Distribution System
Chlorine Residual: Total Free 23	Source Groundwater Rule (GWR) (Population of 1,000 or less)
3. Raw Water Source Sample	Unsatisfactory routine lab number:
☐ E. coli GWR source sample	-
☐ Fecal Surface, GWI, some springs	Unsatisfactory routine collect date:
Other	//
S	Chlorinated: YesNo
Public systems must provide source number from WFI	Chlorinated: Yes No  Chlorine Residual: Total Free
4 Cample Callected for Information O	
4. Sample Collected for Information Of	Repairs Other
	ATER RESULTS LAB USE ONLY
Unsatisfactory Total Coliform Present	
	oli absent
	Fecal coliform absent
Replacement Sample Required:	
☐ Sample too old (>30 hours) ☐ TN	TC 1 3 2012
	bid culture
Bacterial Density Results: Plate Count	OFFICE OF WATER AND WATERSHEDS
Total Coliform/100ml.	Fecal Coliform/100ml.
Method Code:	Date and Time Received:
MICR- 2720	0/1/12 11.2.11

Date Reported:

Date Analyzed: 8-1
Sample Number (DOH number plus five digits)

0



## Clallam County Environmental Heal 223 E. 4<sup>th</sup> St. Port Angeles, WA 98362 (360) 417-2334

HAMAN SEED (36	50) 417-2	2334		
COLIFORM BACTERIA ANALYSIS				
	e Sample	County		
817/12	ollected	CAM		
		PM CLALLAM		
Type of Water System (check only one box)		n/T) (C		
Group A Group B Systems - Dravide for		Other NTNC		
Group A and Group B Systems Provide from 1D#				
System Name:				
7 CEPARS		no		
Contact Person: JEFF BE		Call Phone: (		
Day Phone: ( ) 681-460	_	Cell Phone: ( ) FAX: ( )		
Send results to: (Print full name, address and zip of	code)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
JAMESTOWN TRI	. 1			
1033 OLD Blyn	0			
SEQUIM WA 9		***************************************		
SAMPLE II	NFORMAT	TION		
Sample collected by (name):	BECKE	K		
Specific location where sample collected:		Special instructions or comments:		
CA-03 MAIN KITCHE	517	BILL TOTRIBE		
Type of Sample (must check only one box	of #1 through			
Routine Distribution Sample		Sample (after unsat. routine)		
Chlorinated: Yes_X No		bution System		
Chlorine Residual: Total 22 Free 03 Source Groundwater Rule (GWR)				
3. Raw Water Source Sample (Population of 1,000 or less)  Unsatisfactory routine lab number:				
☐ E. coli GWR source sample	Ulis	austactory routine lab number:		
☐ Fecal Surface, GWI, some springs ☐ Other	Uneatisfa	actory routine collect date:		
S	Onoution	/ /		
Public systems must provide source number from WFI	Chlorinate	ed: Yes No		
Table 9 State Hald provide course Humber Horn 1911	Chlorine F	Residual: Total Free		
4. ☐ Sample Collected for Information On	-			
Investigative Construction /				
LAB USE ONLY DRINKING WA		7 2 3 3 2 3 1 2 1		
☐ Unsatisfactory Total Coliform Present at ☐ E.coli present ☐ E.co	ia li absent	Satisfactory		
	Fecal coliforn	mabsent IVED		
Replacement Sample Required:	13/			
☐ Sample too old (>30 hours) ☐ TNT		AFG 1:3 2012		
☐ Improper Container ☐ Turb	d culture			
Bacterial Density Results: Plate Count	OFFICE OF	S. EPAIREGION 10 /100ml. WATER AND WATERSHEDS		
Total Coliform/100ml.	Fecal Colifor	rm/100ml.		
Method Code: MICR- 2720		B/7/12 1130		
Date Analyzed: 8-7-	12	Date Reported: 8-8-12		
Sample Number (DOH number plus five digits)		Lab Use Only: Bur		

DOH Form #331-319 (revised 11/10)



## Clallam County Environmental Health 223 E. 4<sup>th</sup> St. Port Angeles, WA 98362

(360) 417-2334

HUMAN				
COLIFORM BACTERIA ANALYSIS				
Date Sample Collected	Time Sample		County	
7/10/12	Collected 9 40 AM		01 11	
Month Day Year	7:70	PM	CLALLAM	
Type of Water System (check only one			1- 1	
☐ Group A ☐ Gro	up B	Oth	ner_NTN/C	
Group A and Group B Systems Provide			s Inventory (WFI):	
ID# <u>I H 3 8</u>	- 2 4			
System Name: 7 CEOAG	25 CAS.	n	108	
Contact Person: JEFF	BECKER	-		
Day Phone: ( ) 681 - 4	602	Cel	Phone: ( )	
Eve. Phone: ( )		FAX	K: ( )	
Send results to: (Print full name, address and	Zip code) BE			
1033 OLA B	Lyn H.'w	44		
SEQUIM W				
SAMPL	E INFORMAT	ΓΙΟΝ		
Sample collected by (name): JEF	F BECK	E	2	
Specific location where sample collected	d:		cial instructions or comments:	
CA-03 MAIN KIT	CHEN	Δ	Λ' .	
Sink			ILL TO TRIBE	
Type of Sample (must check only one b	box of #1 through	#4 lis	sted below)	
/	Routine Distribution Sample 2. Repeat Sample (after unsat. routine)			
Chlorinated: YesNo	Distribution System			
Chlorine Residual: Total 3 Free	Free Source Groundwater Rule (GWR) (Population of 1,000 or less)			
3. Raw Water Source Sample	Heatisfestern modical lab and to			
☐ E. coli GWR source sample	ipie			
☐ Fecal Surface, GWI, some spring ☐ Other	unsatisfactory routine collect date:			
S	Chlorinated: YesNo		2000 C C C C C C C C C C C C C C C C C C	
Public systems must provide source number from WFI	n WFI Chlorine Residual: Total Free			
4. Sample Collected for Information Only				
Investigative Construction	on / Repairs		Other	
LAB USE ONLY DRINKING	WATER RES	SULT	S LAB USE ONLY	
☐ Unsatisfactory Total Coliform Prese	nt <b>and</b>	-	Satisfactory	
☐ E.coli present ☐ I	E.coli absent	3 (	REIVER	
	☐ Fecal coliforn	n abs	ent	
Replacement Sample Required:		à	III 1: 7 2012	
	INTC [	7	UL I I ZOME	
☐ Improper Container ☐ ☐	Turbid culture		S. EPA REGION 10	
Bacterial Density Results: Plate Count	OFFI/m	E OE	CONTER AND WATERSHEDS	
Total Coliform/100ml.	. Fecal Colifor	rm	/100ml.	
Method Code: MICR- 2720			Date and Time Received:	
			Date Reported: 7-11-12	
Sample Number (DOH number plus five digits)			Lab Use Only:	
092-2114	2			

DOH Form #331-319 (revised 11/10)



## Clallam County Environmental Health 223 E. 4<sup>th</sup> St. Port Angeles, WA 98362 (360) 417-2334

TERIA A	ANALYSIS		
Sample	County		
llected	ΔΜ.		
28	PM CLALLAM		
ikr)	Other_NTNC		
	ilities Inventory (WFI):		
	andes inventory (vvi i).		
CASI	ino		
KER			
	Cell Phone: ( )		
	FAX: ( )		
ode),			
	4		
NFORMAT	IUN		
BECK	KER		
	Special instructions or comments:		
79	01		
	BILL TO TRIBE		
of #1 through	#4 listed below)		
2. Repeat S	Sample (after unsat. routine)		
☐ Distribution System			
	ce Groundwater Rule (GWR)		
, ,	ulation of 1,000 or less)		
Uns	atisfactory routine lab number:		
Unsatisfa	actory routine collect date:		
	ed: Yes No		
	Residual: Total Free		
nly			
Repairs			
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY			
nd	Satisfactory		
oli absent	CEIVEN		
Fecal colifor	m absent		
	HI 1 7 2019		
C	JUL I KOKE		
☐ Improper Container ☐ Turbid culture			
OFFI	U.S. EPA REGION 10 D.OE. voliter AND WATER TOOK S		
Fecal Colifo	prm/100ml.		
	Date and Time Received: 20		
	7/10/12 1 gim		
12	Date Reported: 7-11-12		
	Lab Use Only:		
	Sample illected  : 28		



### Clallam County Environmental Healt! 223 E. 4<sup>th</sup> St. Port Angeles, WA 98362 (360) 417-2334

CTERIA AI	NALYSIS
e Sample	County
ollected AM	Δ.
_: 10 PM	CLALLAM
X C	Other IVTIVE
om Water Facilit	ies Inventory (WFI):
2 6	-
Casin	0 168
KER	
- C	Cell Phone: ( )
	AX: ( )
RIBE	
Hiway	
98382	
NFORMATIC	
BECKER	_
S	pecial instructions or comments:
	BILL TO TRIBE
of #1 through #4	listed below)
2. Repeat Sar	mple (after unsat. routine)
☐ Distribut	tion System
	Groundwater Rule (GWR) ion of 1,000 or less)
	sfactory routine lab number:
Olisatio	stactory routine lab number.
11	
,	ory routine collect date:
	Voc. No.
	sidual: Total Free
	Siddal. TotalTTGG
	Other
	Satisfactory
li absent	
Fecal coliform a	bsent G V E
с 📙 📗 [	JUN 1 1 2012
id culture	ha we
OFFICE	U.S. EPA REGION 10 PECMATER AND WATER 100 MEDS
Fecal Coliform	/100ml.
	Date and Time Received:
	6/5/12 10:52a
	Date Reported: 6-6-12
	e Sample ollected  18 PM  TACOM Water Facility  PM  CASIM  Foode)  Foo



### Clallam County Environmental Healt 223 E. 4<sup>th</sup> St. Port Angeles, WA 9836<sub>2</sub> (360) 417-2334

& HUMAN S		
COLIFORM BA	CTERIA	ANALYSIS
	ne Sample	County
615112	Collected	AM
Month Day Year	: 10 -	PM CLALLAM
Type of Water System (check only one box	,	
☐ Group A ☐ Group E		Other_NTNC_
Group A and Group B Systems Provide fr	- 0	cilities Inventory (WFI):
ID# <u>I H 3 8</u>	2 6	2
System Name: 7 CEDARS	CAST	10
Contact Person: JEFF BE	CKER	
Day Phone: ( ) 681-4603	٤	Cell Phone: ( )
Eve. Phone: ( )		FAX: ( )
Send results to: (Print full name, address and zip	code)	
1033 010 Blyn	HIWAY	,
SEQUIM WA 98	3382	
SAMPLE I	NFORMAT	TON
Sample collected by (name):	BECKER	ζ
Specific location where sample collected:		Special instructions or comments:
CA-03 MAIN KITCHE	En	-1
sink		BILL TO TRIBE
Type of Sample (must check only one box	of #1 through	#4 listed below)
1. 🗷 Routine Distribution Sample	2. Repeat S	Sample (after unsat. routine)
Chlorinated: Yes_XNo	☐ Distri	bution System
Chlorine Residual: Total, 02 Free, 03		ce Groundwater Rule (GWR) Ilation of 1,000 or less)
3. Raw Water Source Sample	, , ,	atisfactory routine lab number:
☐ E. coli GWR source sample	01101	- autoration and marrison.
☐ Fecal Surface, GWI, some springs	I Ineqtiefa	ctory routine collect date:
Other		_//
S		ed: YesNo
Public systems must provide source number from WFI		Residual: Total Free
4. ☐ Sample Collected for Information Or		
Investigative Construction /	Repairs	Other
LAB USE ONLY DRINKING W	ATER RES	SULTS LAB USE ONLY
Unsatisfactory Total Coliform Present a	ind	Satisfactory
☐ E.coli present ☐ E.co	oli absent	ECEIVEN
☐ Fecal coliform present ☐	Fecal colliforn	n absent
Replacement Sample Required:		JUN 1 1 2012
☐ Sample too old (>30 hours) ☐ TNT		
☐ Improper Container ☐ Turb	oid culture	U.S. EPA REGION 10
Bacterial Density Results: Plate Count	/m	OF WATER AND WATERSHEDS I. E.coli /100ml.
Total Coliform/100ml.	Fecal Colifor	rm/100ml.
Method Code:		Date and Time Received:
MICR- 2720		6/5/12 10:5Zan
Date Analyzed: 5-5- Sample Number (DOH number plus five digits)	12	Lab Use Only:
092-21380	)	Tomps



### Clallam County Environmental Health 223 E. 4<sup>th</sup> St. Port Angeles, WA 98362 (360) 417-2334

COLIFORM BACTERIA ANALYSIS		
	e Sample	County
511 112 9	ellected  31 AM	CLALLAM
Month Day Year  Type of Water System (check only one box)		
Group A Group B		ther_NTMC
Group A and Group B Systems Provide from	om Water Facilitie	es Inventory (WFI):
D#	~ -	168
System Name: 7 CEPARS		0
	CKER	H.Dl.
Day Phone: ( ) 681-460	-	ell Phone: ( )
Eve. Phone: ( )		AX: ( )
Send results to: (Print full name, address and zip of	(1BE	
1033 OLD BLyn	HIWAY	
SEQUIM WAS	18382	
SAMPLE	NFORMATIO	N
Sample collected by (name): JEFF	BECKE	2
Specific location where sample collected:		pecial instructions or comments:
CA-03 MAIN KA	CHEN	BILLTOTRIBE
Type of Sample (must check only one box	of #1 through #4	listed below)
Routine Distribution Sample		mple (after unsat. routine)
Chlorinated: Yes X No	☐ Distribut	
Chlorine Residual: Total, 02 Free, 03		Groundwater Rule (GWR)
3. Raw Water Source Sample	(Populat	ion of 1,000 or less)
E. coli GWR source sample	Unsati	sfactory routine lab number:
Fecal Surface, GWI, some springs		
Other	Unsatisfacto	ory routine collect date:
	,	
S	Chlorinated	: Yes No
Public systems must provide source number from WFI		sidual: Total Free
4. ☐ Sample Collected for Information C	nlv	
Investigative Construction		Other
	VATER RESU	
☐ Unsatisfactory Total Coliform Present		Satisfactory
	coli absent	
	Fecal coliform	absent
Replacement Sample Required:	F	CEIVEN
	ITC D	
	rbid culture	MAY - 7 2012
Bacterial Density Results: Plate Count	/ml.	E.coli/100 ml.
Total Coliform/100ml.		U.S. EPA REGION 10
Method Code:	OFFICE	Date and Time Received:
MICR- 2720	9	5/1/12 11:07 on
Date Analyzed: 5-/-1	2	Date Reported: 5-2-12
Sample Number (DOH number plus five digits)	3	Lab Use Only:



### Clallam County Environmental Health 223 E. 4<sup>th</sup> St. Port Angeles, WA 98362 (360) 417-2334

70101-			
COLIFOR	RM BACTER	IA AN	ALYSIS
Date Sample Collected	Time Samp	le	County
511112	Collected		0:.2/
011111	9 2	2 _ PM	CLALLAM
Month Day Year  Type of Water System (check on	ly one box)		-
. 1	Group B	□ Oth	ner N/TN/C
Group A and Group B Systems			
	8 2	6	Q
Custom Name:		*	108
1/2ED	ARS CAS		
	- BECKE		
Day Phone: ( ) 681	-4602		Il Phone: ( )
Eve. Phone: ( )			X: ( )
Send results to: (Print full name, add	ress and zip code	BE	
1033 oLD	_	9 -	
SEQUIM			
***************************************	AMPLE INFOR		N
0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Sample collected by (name):	EFF BEC	KER	man*
Specific location where sample	collected:	Sp	ecial instructions or comments:
CA OS MAIN		1	SILL TO TRIBE
Sink	_		
Type of Sample (must check or			
1. X Routine Distribution Sa	-		nple (after unsat. routine)
Chlorinated: Yes_X No_			on System
Chlorine Residual: Total	Free US		Groundwater Rule (GWR) on of 1,000 or less)
3. Raw Water Source Sample			factory routine lab number:
☐ E. coli GWR source sar			_
Fecal Surface, GWI, sor		nantiafacta	ry routine collect date:
Other	0	nsalisiacio	ly routine conect date.
S	_		YesNo
Public systems must provide source number from	m vvri		sidual: Total Free
4 C Commis Collected for Ind		niorine Ke	Sidual. TotalTTee
4. Sample Collected for Info		iro	Other
	INKING WATE		
2.2 002 0.1.2.		K KESU	Satisfactory
☐ Unsatisfactory Total Colife ☐ E.coli present	E.coli abs	ent	Galisiaciony
Fecal coliform pr	personal per	oliform	Bosen VED
Replacement Sample Require			
☐ Sample too old (>30 hour	pang ]	MA	P - 7 2012
☐ Improper Container	☐ Turbid co	1 11 1	7 2012
Bacterial Density Results: Plate	Count OFF	ICE OF W	ProfieGION 10 /100m. ATER AND WATERSHEDS
Total Coliform	/100ml. Fed	al Coliforn	NATIONAL PROPRESENTATION OF THE PROPERTY OF TH
Method Code:			Date and Time Received:
MICR- 2720			5/1/12 11/07en
Date Analyzed:	5-1-12		Date Reported: 5-2-12
Sample Number (DOH number plus five of	ligits)		Lab Use Only: Bul
1 119/1 ~/ /	(Xm)		



# Clallam County Environmental Health 223 E. 4<sup>th</sup> St. Port Angeles, WA 9836\_ (360) 417-2334

& HUMAN		
COLIFORM BACT	ERIA AN	ALYSIS
Date Sample Collected Time S		County
413112 Colle	43 AM	0101100
Month Day Year	49 □ PM	CLALLAM
Type of Water System (check only one box)		15 110
☐ Group A ☐ Group B		her_NTNC
Group A and Group B Systems Provide from	Water Facilitie	s Inventory (WFI):
D# I H 3 8 2	1 6	
System Name: 7 CEDARS (	ASTAC	)
Contact Person: TEFF Be	CKER	
Day Phone: ( ) 681-4602		ell Phone: ( )
Eve. Phone: ( )		AX: ( )
Send results to: (Print full name, address and zip co	BE	
1033 OLD BLYN	1 1 2 2 2	
SEQUIM WA 9	8382	
SAMPLE IN	FORMATIC	N
Sample collected by (name): RieH	Ampol	zini
Specific location where sample collected:	S	pecial instructions or comments:
CA-05 MAIN BAT	٤	Distant To OF
SERVICE SINK		BILLTO TRIBE
Type of Sample (must check only one box of	of #1 through #4	1 listed below)
1. X Routine Distribution Sample		mple (after unsat. routine)
Chlorinated: YesX_No		ition System
Chlorine Residual: Total <u>\$\mathcal{Q}\$</u> Free <u>\$\mathcal{Q}\$</u>	Source (Popula	Groundwater Rule (GWR) ation of 1,000 or less)
3. Raw Water Source Sample		tisfactory routine lab number:
☐ E. coli GWR source sample		·-
☐ Fecal Surface, GWI, some springs		tory routine collect date:
Other	Olisatistac	/ /
S	Chlorinate	d: YesNo
Public systems must provide source number from WFI		Residual: Total Free
4. ☐ Sample Collected for Information O		
Investigative Construction		Other
LAB USE ONLY DRINKING V		
☐ Unsatisfactory Total Coliform Present		Satisfactory
	coli absent	V.
	Fe <mark>gal c</mark> olifor	mabsent E   V   E
Replacement Sample Required:		
☐ Sample too old (>30 hours) ☐ TN	ITC	100 6 2017
	ırbid culture	APK - O ZUIZ
Bacterial Density Results: Plate Count	-/r	nl. E.coli. U.S. EPA REGION 10 /100ml
Total Coliform/100ml.	Fecal Colif	E OF WATER AND WATERSHEI
Method Code:		Date and Time Received:
MICR- 2720	2	Date Reported: 4-4-12
Date Analyzed: 4-3-1. Sample Number (DOH number plus five digits)	A	Lab Use Only: 3mp
Sample Multiper (DOD Hulliper blus live digita)		100



### Clallam County Environmental Healt 223 E. 4<sup>th</sup> St. Port Angeles, WA 98362 (360) 417-2334

COLIFORM BAC	TERIA A	ANALYSIS
Date carrier	Sample	County
413112	lected	AM O
Month Day Year	: _22 =	CLALLAM
Type of Water System (check only one box)		
☐ Group A ☐ Group B	Ż	Other NTHC
Group A and Group B Systems Provide from	-	1
ID# F H 3 8		,
System Name: 7 CEDARS	CASI	108
Contact Person: JEFF BE		
Day Phone: ( ) 681-460 a		Cell Phone: ( )
Eve. Phone: ( )		FAX: ( )
Send results to: (Print full name, address and zip co	ode)	
JAMESTOWN TR	- 4	
1033 OLD BLYN	Him	3
SEQUIM WA 99	8382	
SAMPLE IN	NFORMAT	TION
Sample collected by (name): RicH	Ampo	prini
Specific location where sample collected:		Special instructions or comments:
CA-03		Div
MAIN KITCHENSINK		BILLTOTRIBE
Type of Sample (must check only one box of		
1. 🗖 Routine Distribution Sample	2. Repeat	Sample (after unsat. routine)
Chlorinated: YesNo	☐ Distr	ibution System
Chlorine Residual: Total 2 Free 03		ce Groundwater Rule (GWR) ulation of 1,000 or less)
3. Raw Water Source Sample		satisfactory routine lab number:
☐ E. coli GWR source sample		_
Fecal Surface, GWI, some springs		actory routine collect date:
Other	Ulisalisi	/ / /
S	Chlorina	ted: Yes No
Public systems must provide source number from WFI		Residual: TotalFree
4 Cample Callegted for Information O		Residual, TotalFree
4. Sample Collected for Information On Investigative Construction /		Other
LAB USE ONLY DRINKING W		
Unsatisfactory Total Coliform Present a		Satisfactory
	oli absent Fegal colifo	rm-aheant - I D // -
	i quar conto	E E VE
Replacement Sample Required:  Sample too old (>30 hours) TNT		П
	bid culture	APR - 6 2012
☐ Improper Container ☐ Turi	ord current	Lii i
Bacterial Density Results: Plate Count	OFFIC	ml: <i>E.coli</i> U.S. EPA REGION 10 E OF WATER AND WATERSHEDS
Total Coliform/100ml.	Fecal Coli	form/100ml.
Method Code: MICR- 2720		Date and Time Received: 4/3/12 12:08
Date Analyzed: 4/-3-	-12	Date Reported: 4-4-12
Sample Number (DOH number plus five digits)	-	Lab Use Only: 6 mps
092- 2 0 8 0	8	
DOH Form #331-319 (revised 11/10)		



# Clallam County Environmental Healt ab 223 E. 4<sup>th</sup> St. Port Angeles, WA 983 (360) 417-2334

COLIFORM BAC	CTERIA A	NALYSIS
Date Sample Collected Tim	ie Sample	County
316112 0	ollected	
Month Day Year	_: 14 OP	M CLALLAM
Type of Water System (check only one box)		
☐ Group A ☐ Group B		Other NTNC
Group A and Group B Systems Provide from 1D# 3 8	om Water Faci	lities Inventory (WFI):
System Name: 7 CEDARS	CASin	0 108
Contact Person: JEFF B	ECKER	2
Day Phone: ( ) 681-460	2	Cell Phone: ( )
Eve. Phone: ( )		FAX: ( )
Send results to: (Print full name, address and zip of AMESTOWN	RIBE	
1833 OLD BLY	n HiWA	4
SEQUIM WA	98382	
	NFORMATI	
Sample collected by (name): RicH	14mpor	ini
Specific location where sample collected:		Special instructions or comments:
CA-05 MAIN BAR		BILLTO
Sink		TRIBE
Type of Sample (must check only one box	of #1 through #	4 listed below)
1. Routine Distribution Sample	2. Repeat Sa	ample (after unsat. routine)
Chlorinated: Yes X No	☐ Distrib	ution System
Chlorine Residual: Total 02 Free 22  3. Raw Water Source Sample		e Groundwater Rule (GWR) ation of 1,000 or less)
☐ E. coli GWR source sample	Unsa	tisfactory routine lab number:
☐ Fecal Surface, GWI, some springs		
Other	Unsatisfac	tory routine collect date:
s		
	Chlorinated	d: Yes No
Public systems must provide source number from WFI	Chlorine R	esidual: Total Free
4. Sample Collected for Information Or	nly	
Investigative Construction /	Repairs	Other
LAB USE ONLY DRINKING W	ATER RES	ULTS LAB USE ONLY
Unsatisfactory Total Coliform Present a	nd	Satisfactory
☐ E.coli present ☐ E.co	oli absent	<b>\</b>
☐ Fecal coliform present ☐	Fecal coliform	absent   WE
Replacement Sample Required:	11)	
☐ Sample too old (>30 hours) ☐ TNT	d	
☐ Improper Container ☐ Turb	id culture	MAR 1 2 2012
Bacterial Density Results: Plate Count	/ml,	U.S. EPA REGION 10/100ml. F WATER AND WATERSHEDS
Total Coliform/100ml.	ecal Coliforn	100ml.
Method Code: MICR- 2720		Date and Time Received: 3-6-12 11.20 AM
Date Analyzed: 3-6-1	2	Date Reported: 3-7-12
Sample Number (DOH number plus five digits)		Lab Use Only: 3mp
092- 20439	_	
DOH Form #331-319 (revised 11/10)		



## Clallam County Environmental Healt b 223 E. 4<sup>th</sup> St. Port Angeles, WA 983 (360) 417-2334

COLIFORM BA	CTERIA	ANALYSIS
	ne Sample	County
316112	Collected	AM A
Month Day Year	_: 050	PM CLALLAM
Type of Water System (check only one box	)	
☐ Group A ☐ Group B		Other_YTNC
Group A and Group B Systems Provide fr	om Water Fac	cilities Inventory (WFI):
ID# 7 H 3 8	2 (	108
System Name: 7 CEDARS	ancia	
Contact Person: JEFF BEC		<i>U</i>
Day Phone: ( ) 681- 460		Cell Phone: ( )
Eve. Phone: ( )	-	FAX: ( )
Send results to: (Print full name, address and zip of	code)	
JAMESTOWN TR	IBE	
1033 OLD BLy.	HIWA	
SEQUIM WA	9838	2
SAMPLEI	NFORMAT	ION
Sample collected by (name):	CAMO	O RI NI
Specific location where sample collected:		Special instructions or comments:
CA-03 KITCHEN		BILLTO
Sink		TRIBE
Type of Sample (must check only one box	of #1 through	#4 listed below)
1. X Routine Distribution Sample	2. Repeat S	Sample (after unsat. routine)
Chlorinated: Yes_X_ No	☐ Distril	oution System
Chlorine Residual: Total 2 Free 22  3. Raw Water Source Sample		e Groundwater Rule (GWR) lation of 1,000 or less)
☐ E. coli GWR source sample	Unsa	atisfactory routine lab number:
☐ Fecal Surface, GWI, some springs		
Other	Unsatisfa	ctory routine collect date:
S		
Public systems must provide source number from WFI	55.76.35.56.56.37.56.57	ed: Yes No
400		Residual: Total Free
4. ☐ Sample Collected for Information Or		011
Investigative Construction /		
LAB USE ONLY DRINKING W		
☐ Unsatisfactory Total Coliform Present a ☐ E.coli present ☐ E.col	ind oli absent	Satisfactory
Fecal coliform present		nabeant 5 1 5 7 5
Replacement Sample Required:	1 ccal collien	E C E V E
☐ Sample too old (>30 hours) ☐ TNT	·c	
	oid culture	MAR   2 2012
Bacterial Density Results: Plate Count	/m	U.S. EPA REGION 10
Total Coliform/100ml.	Fecal Colifor	CE OF WATER AND WATERSHED
Method Code: MICR- 2720		Date and Time Received:
Date Analyzed: 3-6-	12_	3-6-12 11:20 AM Date Reported:3-7-12
Sample Number (DOH number plus five digits)		Lab Use Only: BMV
092- 20638		
OOH Form #331-319 (revised 11/10)		



# Clallam County Environmental Healt 223 E. 4<sup>th</sup> St. Port Angeles, WA 983 (360) 417-2334

COLIFORM BA	CTERIA A	NALYSIS
	e Sample	County
	ollected	
Month Day Year	): 00 PM	CLALLAM
Type of Water System (check only one box)	**	
☐ Group A ☐ Group B		Other_NTNC
Group A and Group B Systems Provide from	_ /	ties Inventory (WFI):
ID# <u>I H 3 8</u>	2 6	108
System Name: 7 CEDARS	CASIN	0
Contact Person: JEFF B&		
Day Phone: (360) 681-4609	2 (	Cell Phone: ( )
Eve. Phone: ( )	F	FAX: ( )
Send results to: (Print full name, address and zip of	code)	
SIO33 OLD BLY.	Control of the Contro	
SEALIM WA 9		
	NFORMATIC	
Sample collected by (name): RicH	CAMPOR	Lini.
Specific location where sample collected:	S	pecial instructions or comments:
CA-05 MAIN BAR		BILL TO
Sink		TRIBE
Type of Sample (must check only one box of		,
1. Routine Distribution Sample	_	mple (after unsat. routine)
Chlorinated: Yes X No No Chlorine Residual: Total P3 Free D2	_	tion System
3. Raw Water Source Sample		Groundwater Rule (GWR) ion of 1,000 or less)
☐ <i>E. coli</i> GWR source sample	Unsati	sfactory routine lab number:
☐ Fecal Surface, GWI, some springs		
Other	Unsatisfacto	ory routine collect date:
S		
Public systems must provide source number from WFI	Chlorinated:	Yes No
		sidual: Total Free
4. ☐ Sample Collected for Information On	•	
Investigative Construction /		
LAB USE ONLY DRINKING WA		
☐ Unsatisfactory Total Coliform Present al ☐ E.coli present ☐ E.co		Satisfactory
The second secon	Fecal coliform a	bsent a p a E
Replacement Sample Required:	IN E	GEIVEN
☐ Sample too old (>30 hours) ☐ TNT		
☐ Improper Container ☐ Turb	id culture F	EB   0 2012
Racterial Deneity Popultar Dieta Count		Faali
Bacterial Density Results: Plate Count	U.	S. EPA REGION 10 WATER AND WATERSHEDS
Total Coliform/100ml.	Fecal Coliforn	I TOUTHI.
Method Code: MICR- 2720		Date and Time Received:
Date Analyzed: 2-7-/3	2_	Date Reported:
Sample Number (DOH number plus five digits)		Lab Use Only: Bus
092- 203 9 9 OOH Form #331-319 (revised 11/10)	_	



# Clallam County Environmental Healt 223 E. 4<sup>th</sup> St. Port Angeles, WA 983 (360) 417-2334

COLIFORM BA	CTERIA A	NALYSIS
	me Sample	County
217/12	Collected  45 DA	M
Month Day Year —	1: 75 op	Clallam
Type of Water System (check only one box	()	
☐ Group A ☐ Group	B 💢	Other_X/T/V/C
Group A and Group B Systems Provide f	rom Water Faci	ities Inventory (WFI):
System Name:		V
J CEDARS		
Contact Person: JEFF B		
Day Phone: (360) 681-460 Eve. Phone: ()		Cell Phone: ( )
Send results to: (Print full name, address and zip		FAX: ( )
	CIBE	
1033 OLD BLY	n HiwA	4
SEQUIM WA 9		
SAMPLE	INFORMATI	ON
Sample collected by (name): RicH C	AMPORIO	1 )
Specific location where sample collected:	,	Special instructions or comments:
(A.03 MAIN K.T	CHEN	BILL TO
Sink		TRIBE
Type of Sample (must check only one box	of #1 through #	4 listed below)
1. 🔀 Routine Distribution Sample	2. Repeat Sa	ample (after unsat. routine)
Chlorinated: YesNo	☐ Distrib	ution System
Chlorine Residual: Total Free 2.  3. Raw Water Source Sample		Groundwater Rule (GWR) tion of 1,000 or less)
☐ E. coli GWR source sample	Unsa	isfactory routine lab number:
☐ Fecal Surface, GWI, some springs		
Other	Unsatisfac	ory routine collect date:
s		1
Public systems must provide source number from WFI	Chlorinated	: Yes No
	Chlorine Re	esidual: Total Free
4. ☐ Sample Collected for Information O	,	
Investigative Construction		
LAB USE ONLY DRINKING W		JLTS LAB USE ONLY
Unsatisfactory Total Coliform Present		Satisfactory
	oli absent	
☐ Fecal coliform present ☐  Replacement Sample Required:	Fecal coliform	absent E   V E
Sample too old (>30 hours) TN		
	bid culture	FEB   0 2012
Bacterial Density Results: Plate Count_	/ml.	UESCOUPA REGION 10 /100ml.
Total Coliform/100ml.	OFFICE C	F WATER AND WATERSHEDS
Method Code:		Date and Time Received:
MICR- 2720	12	2/1/22:20
Date Analyzed: 2 -7- Sample Number (DOH number plus five digits)	12	Date Reported: 2 – 8 – 12  Lab Use Only:
092- 20400		Lab Use Offiy.
DOH Form #331-319 (revised 11/10)		



### Clallam County Environmental Health 223 E. 4<sup>th</sup> St. Port Angeles, WA 983 (360) 417-2334

COLIFORM BACTERIA ANALYSIS		
	ne Sample	County
113 112	Collected	AM a
Month Day Year	9:47	PM CLALLAM
Type of Water System (check only one box		117-10
☐ Group A ☐ Group I		Other_//////C
Group A and Group B Systems Provide for ID# 3 8	rom Water Fac	7
System Name:		- 108
7 CE PARS	CASin	0
Contact Person: JEFF BE	CKER	£
Day Phone: ( ) 681-460	2	Cell Phone: ( )
Eve. Phone: ( )		FAX: ( )
Send results to: (Print full name, address and zip	code) LiB€	
1033 OLD BLyn	H. WAY	
SEQUIM WA 9	8382	
	NFORMAT	ION
Sample collected by (name):	CAMPOK	201
Specific location where sample collected:	111902	Special instructions or comments:
CA-05 MAIN BAR		BILL TO
Sink		TRIBE
Type of Sample (must check only one box	of #1 through #	#4 listed below)
1. X Routine Distribution Sample		ample (after unsat. routine)
Chlorinated: Yes_X No	0.000	oution System
Chlorine Residual: Total OZ Free 03	☐ Source	e Groundwater Rule (GWR) ation of 1,000 or less)
3. Raw Water Source Sample		tisfactory routine lab number:
☐ E. coli GWR source sample		morastory roddino lab hambor.
☐ Fecal Surface, GWI, some springs ☐ Other	Uneatisfac	story routine collect date:
	Offisalistad	dory routine collect date:
S	Chlorinator	d: Von No
Public systems must provide source number from WFI		d: Yes No
4. ☐ Sample Collected for Information Or		esidual: Total Free
Investigative Construction /	-	Other
LAB USE ONLY DRINKING W		
Unsatisfactory Total Coliform Present a		
	li absent	Satisfactory
	Fecal coliform	ahsent
Replacement Sample Required:	T COCH COMOTH	dosent
☐ Sample too old (>30 hours) ☐ TNT	INE	GEIVEN
	id culture	
	iu cuiture	IAN - 6 2012
Bacterial Density Results: Plate Count	/ml.	E.coli/100ml.
Total Coliform/100ml.	Fecal Coliforn	S. EPA REGION 100ml.
Method Code:	017102 01	Date and Time Received: EDS
MICR- 2720		1-3-12 1:00 pm
Date Analyzed: 1-3-13- Sample Number (DOH number plus five digits)	_	Date Reported. —4 4 2  Lab Use Only:
092- 20188		Lab USE CITIY. HOME
DOH Form #331-319 (revised 11/10)		



# Clallam County Environmental Healt 223 E. 4<sup>th</sup> St. Port Angeles, WA 983 (360) 417-2334

COLIFORM BA	CTERIA A	ANALYSIS
The state of the s	ne Sample	County
113112	Collected タ ムの <sup>色</sup>	AM O
Month Day Year	-: 40	CLALLAM
Type of Water System (check only one box	:)	
☐ Group A ☐ Group E	B	Other_//TNC
Group A and Group B Systems Provide fr	rom Water Fac	ilities Inventory (WFI):
System Name: 7 CEDARS	CASI	no
Contact Person: JEFF BEG		
Day Phone: ( ) 681-4602		Cell Phone: ( )
Eve. Phone: ( )		FAX: ( )
Send results to: (Print full name, address and zip	RIBE	
1033 OLD Bly.	1 HiWA	y
SEQUIM WA	98382	
SAMPLEI	NFORMATI	ION
Sample collected by (name):	C A mpor	dar
Specific location where sample collected:	-	Special instructions or comments:
CA-03 MAINK. Total	EA	BILL TO TRIBE
SunK		
Type of Sample (must check only one box	of #1 through #	44 listed below)
1. X Routine Distribution Sample	2. Repeat S	ample (after unsat. routine)
Chlorinated: Yes X No	☐ Distrib	ution System
Chlorine Residual: Total 7 Free 7 3. Raw Water Source Sample		e Groundwater Rule (GWR) ation of 1,000 or less)
E. coli GWR source sample	Unsa	tisfactory routine lab number:
☐ Fecal Surface, GWI, some springs		
Other	Unsatisfac	tory routine collect date:
S		J
Public systems must provide source number from WFI	Chlorinated	d: Yes No
		esidual: Total Free
4. ☐ Sample Collected for Information On		
Investigative Construction /		
LAB USE ONLY DRINKING WA		JLTS LAB USE ONLY
Unsatisfactory Total Coliform Present a		Satisfactory
	li absent	/
Fecal coliform present	Fecal coliform	absent
Replacement Sample Required:		ECEIVE
☐ Sample too old (>30 hours) ☐ TNT(		
☐ Improper Container ☐ Turbi	id culture	JAN - 6 2012
Bacterial Density Results: Plate Count		E.coli/100ml
Total Coliform/100ml.	Fecal Coliform	U.S. EPA REGMOOMIO E OF WATER AND WATERSHED
Method Code:		Date and Time Received:
MICR- 2720		1-3-121:00 pm
Date Analyzed: 1-3-12 Sample Number (DOH number plus five digits)		Date Reported: / - 4/2 Lab Use Only:
092- <u>20189</u>		Eud Use Offiny. Bruff
OH Form #331-319 (revised 11/10)		



# Clallam County Environmental Heal (ab 223 E. 4<sup>th</sup> St. Port Angeles, WA 98 (360) 417-2334

COLIFORM BA	CTERIA A	NALYSIS					
	ne Sample	County					
1217111	Collected A	M					
Month Day Year	1:45 -	CLALLAM					
Type of Water System (check only one box)							
☐ Group A ☐ Group E	3 🖄	Other MTNC					
Group A and Group B Systems Provide from Water Facilities Inventory (WFI):							
ID# <u>I H 3 8 2 6</u>							
System Name: 7 CEDARS (	nasina						
Contact Person: JEFF BEC							
Day Phone: ( ) 681-4602		Cell Phone: ( )					
Eve. Phone: ( )		FAX: ( )					
Send results to: (Print full name, address and zip of	code)						
JAMESTOWN TRI							
1033 OLD Blyn H	0						
	8382						
	NFORMATI	ON					
Sample collected by (name):	CAMPOR	101					
Specific location where sample collected:	-	Special instructions or comments:					
CA-05 CASI'10 BX	9R	BILLTO					
SERVICE SINK		TRIBE					
Type of Sample (must check only one box	of #1 through #	4 listed below)					
1. A Routine Distribution Sample	2. Repeat Sa	ample (after unsat. routine)					
Chlorinated: YesX No	(2) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A	ution System					
Chlorine Residual: Total Free 3 Source Groundwater Rule (GWR)  3. Raw Water Source Sample (Population of 1,000 or less)							
☐ E. coli GWR source sample	Unsat	isfactory routine lab number:					
☐ Fecal Surface, GWI, some springs							
Other	Unsatisfact	ory routine collect date:					
S	//_						
Public systems must provide source number from WFI		: YesNo					
4. ☐ Sample Collected for Information On		esidual: Total Free					
Investigative Construction /		Other					
LAB USE ONLY DRINKING WA							
Unsatisfactory Total Coliform Present at		Satisfactory					
	li absent	Catistactory					
☐ Fecal coliform present ☐ Fecal coliform absent							
Replacement Sample Required:							
☐ Sample too old (>30 hours) ☐ TNTC							
☐ Improper Container ☐ Turbid culture							
Bacterial Density Results: Plate Count	/m/.	DEC 11 - 9 2011 /100ml.					
Total Coliform/100ml.	Fecal Coliform	The state of the s					
Method Code:	OFFICE OF V	Date and Time Received:					
MICR- 2720  Date Analyzed: /2 -7-//		Data Paparted 3					
Date Analyzed: /2 -7-// Sample Number (DOH number plus five digits)		Date Reported/2-8-//					
092- 20043		1					
OH Form #331-319 (revised 11/10)							



## Clallam County Environmental Head ab 223 E. 4<sup>th</sup> St. Port Angeles, WA 98

COLIFORM BACTERIA ANALYSIS   Date Sample Collected   Time Sample   County   Collected	EL HUMAN SET	(360)	417-23	34	•	_
Day   Year   Group B   Collected   Group A   Group B	COLIFOR	RM BACT	ERIA A	NALYSIS	3	
Type of Water System (check only one box)  Group A Group B Systems Provide from Water Facilities Inventory (WFI):  ID# I H 3 8 2  Contact Person:  TEFF BECKER  Day Phone: ( ) 681-4602	Date Sample Collected				County	
Type of Water System (check only one box)  Group A Group B Gro	1217111			CLA	LLAM	
Group A and Group B Systems ID# I H 3 B 2 G System Name:    CEDAR CASIND   Contact Person:   TEFF BECKER    Day Phone: ( ) 681-4602   Cell Phone: ( )     Eve. Phone:	Monai	-lu ana hay)				$\exists$
Group A and Group B Systems  ID#			ιto	Other W	TNC	
System Name:    CEDAR CASIND	☐ Group A		-			$\exists$
System Name:    CEDAR CASINO	7 11 2	RIOVIDE ITOM	2 6	idoo iiivoiito.	, (,	
Contact Person:				_	28	
Day Phone: ( ) 681-4602   Cell Phone: ( )    Eve. Phone: ( )   FAX: ( )    Send results to: (Print full name, address and zip code)   TR: BE    1833	System Name: 7 CEV	DAR CI	asino	)		
Day Phone: ( ) 681-4602   Cell Phone: ( )    Eve. Phone: ( )   FAX: ( )    Send results to: (Print full name, address and zip code)   TR: BE    1833						
Send results to: (Print full name, address and zip code)    Amestown TRIBE   1833 0 0 Blyn Hiway   Sequim Wa 98382   SAMPLE INFORMATION   Sample collected by (name): Rich Camperin.				Cell Phone: (	( )	- 1
SAMPLE INFORMATION  Sample collected by (name): Rich Camperin.  Specific location where sample collected: Specific location where sample collected: CA-03 main Kitchen Billion Tomber Sample (must check only one box of #1 through #4 listed below)  1. Routine Distribution Sample Chlorinated: Yes No_Chlorine Residual: Total Free_O2  3. Raw Water Source Sample   Distribution System   Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number:    Lecoli GWR source sample   Chlorinated: Yes No_Chlorine Residual: Total Free_O2    Unsatisfactory routine collect date: Chlorinated: Yes No_Chlorine Residual: Total Free_O2    Unsatisfactory Touline Collected for Information Only Investigative Construction / Repairs Other Satisfactory Satisfactory Satisfactory Satisfactory Satisfactory Investigative Fecal coliform Present and Ecoli present Sample Required: Sample too old (>30 hours)   TNTC   Improper Container   Turbid culture   Turbid cult				FAX: (	)	
Sample collected by (name):  Specific location where sample collected:  CA-03 MAIN KITCHEN  Special instructions or comments  TRIBE  Type of Sample (must check only one box of #1 through #4 listed below)  1. Routine Distribution Sample  Chlorinated: Yes No_ Chlorine Residual: Total Free_  3. Raw Water Source Sample  Fecal Surface, GWI, some springs  Other  S	Send results to: (Print full name, add	dress and zip coo	de)			
SAMPLE INFORMATION  Sample collected by (name):  RICH CAMPERIN  Specific location where sample collected:  CA-03 MAIN KITCHEN  SERVICE SINK  Type of Sample (must check only one box of #1 through #4 listed below)  1. Routine Distribution Sample Chlorinated: Yes No	***************************************	_	. 3			
Sample collected by (name):    Specific location where sample collected:		0	U	-		MARK!
Specific location where sample collected:  CA - 03 MAIN KITHEN  Special instructions or comments  BILL TO  TRIBE  Type of Sample (must check only one box of #1 through #4 listed below)  1. Routine Distribution Sample Chlorinated: Yes No	***************************************					
Specific location where sample collected:  CA - O3 MAN KITCHEN  Special instructions or comments  B.LL TD  TR.BE  Type of Sample (must check only one box of #1 through #4 listed below)  1. Noutine Distribution Sample Chlorinated: Yes No_ Chlorine Residual: Total Free O2  3. Raw Water Source Sample		SAMPLE IN	FORMAT	ION		
Specific location where sample collected:  CA - 03 MAIN KITCHEN  SERVICE SINK  Type of Sample (must check only one box of #1 through #4 listed below)  1. Routine Distribution Sample Chlorinated: Yes No Source Sample Chlorine Residual: Total Free Source Groundwater Rule (GWR) Chlorine Residual: Total Gree Surface, GWI, some springs Other S S Surface, GWI, some springs Other  LAB USE ONLY DRINKING WATER RESULTS  LAB USE ONLY DRINKING WATER RESULTS  Replacement Sample Required: Sample too old (>30 hours) Third Improper Container  Bacterial Density Results: Plate Count  // MI. Ecole Pa REGION 10/100 OFFICE OF WATER AND WATER SHOW WATER RESULTS  // MI. Ecole Pa REGION 10/100 OFFICE OF WATER AND WATER SHOW WATER	Sample collected by (name):	RICH A	AMOS	Rini		
Type of Sample (must check only one box of #1 through #4 listed below)  1. Routine Distribution Sample Chlorinated: Yes No			7.7	Special inst	ructions or comment	s:
Type of Sample (must check only one box of #1 through #4 listed below)  1. Routine Distribution Sample Chlorinated: Yes No Chlorine Residual: Total Free	CA-03 ma	in KiT	CHEN			
Type of Sample (must check only one box of #1 through #4 listed below)  1. Routine Distribution Sample Chlorinated: Yes No Distribution System Chlorine Residual: Total Free	4			TRI	BE	
2. Repeat Sample (after unsat. routine)  Chlorinated: Yes No			of #1 through		9 0	
Chlorinated: Yes No   Distribution System   Chlorine Residual: Total Free 23   Source Groundwater Rule (GWR)   Population of 1,000 or less     Unsatisfactory routine lab number:   Unsatisfactory routine lab number:     Fecal Surface, GWI, some springs   Unsatisfactory routine collect date:   Chlorinated: Yes No     Chlorinated: Yes No   No     Lab USE ONLY DRINKING WATER RESULTS   Lab USE ONLY     Unsatisfactory Total Coliform Present and   Fecal coliform absent     Fecal coliform present   Fecal coliform absent     Sample too old (>30 hours)   TNTC     Improper Container   Turbid culture     Bacterial Density Results: Plate Count   Mil. Ecolipa Region 10/100     OFFICE OF WATER AND WATER SHOWATER     Chlorinated: Yes No     Chlorinated: Yes No			2. Repeat	Sample (after	er unsat. routine)	
Chlorine Residual: Total Free	The state of the s					
3. Raw Water Source Sample    E. coli			☐ Sou	rce Groundwa	ater Rule (GWR)	
E. coli GWR source sample   Unsatisfactory routine lab number.			, ,			
□ Fecal Surface, GWI, some springs □ Other S □ Unsatisfactory routine collect date: □ Chlorinated: Yes No □ Chlorine Residual: Total Free □ A.□ Sample Collected for Information Only □ Investigative Construction / Repairs Other □ LAB USE ONLY DRINKING WATER RESULTS □ Unsatisfactory Total Coliform Present and □ E.coli present □ E.coli absent □ Fecal coliform present □ Fecal coliform absent □ Fecal coliform present □ Turbid culture □ Improper Container □ Turbid culture □ Bacterial Density Results: Plate Count OFFICE OF WATER AND WATERSH		99	Ur	satisfactory re	outine lab number:	
Unsatisfactory routine collect date:    S						
S Public systems must provide source number from WFI  Chlorinated: Yes No Chlorine Residual: Total Free  4. Sample Collected for Information Only Investigative Construction / Repairs Other  LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY Unsatisfactory Total Coliform Present and			Unsatis	factory routine	e collect date:	
Public systems must provide source number from WFI  Chlorinated: Yes No Chlorine Residual: Total Free  4. Sample Collected for Information Only Investigative Construction / Repairs Other  LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY  Unsatisfactory Total Coliform Present and Satisfactory    E.coli present	1 1 1	1		/		
A. Sample Collected for Information Only  Investigative Construction / Repairs Other  LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY  Unsatisfactory Total Coliform Present and  E.coli present		from IA/EI	Chlorin	ated: Yes	No	
Investigative Construction / Repairs Other	Public systems must provide source number	IIOIII VVII	Chlorin	e Residual: T	otal Free	_
Investigative Construction / Repairs Other	4. ☐ Sample Collected for	Information O	nly			
LAB USE ONLY DRINKING WATER RESULTS  Unsatisfactory Total Coliform Present and  E.coli present E.coli absent  Fecal coliform present Fecal coliform absent  Replacement Sample Required:  Sample too old (>30 hours) TNTC  Improper Container Turbid culture  Bacterial Density Results: Plate Count  OFFICE OF WATER AND WATERSH	Investigative	Construction	/ Repairs _	Oth	ner	_
Unsatisfactory Total Coliform Present and  □ E.coli present □ Fecal coliform present □ Fecal coliform present □ Fecal coliform absent □ Fecal colifor					LAB USE ONLY	Y
E.coli present		liform Present	and		Satisfactory	
Fecal coliform present   Fecal coliform absent   Fec	☐ E.coli present	☐ E.O	coli absent		V .	
Replacement Sample Required:  Sample too old (>30 hours) TNTC  Improper Container Turbid culture  Bacterial Density Results: Plate Count  MI. E.coliepa REGION 40/100  OFFICE OF WATER AND WATERSH	☐ Fecal coliform	present [	Fecal coli	form absent	LEIVE	
□ Sample too old (>30 hours) □ TNTC □ Improper Container □ Turbid culture  Bacterial Density Results: Plate Count □ OFFICE OF WATER AND WATERSH						٦
Bacterial Density Results: Plate Count    Turbid culture						
OFFICE OF WATER AND WATERSH	☐ Improper Container	☐ Tu	rbid culture	DLO	3 2011	
Total Coliform/100ml. Fecal Coliform/100ml.			OF	/ml. Ecolig	TER AND WATERS	Oml.
	Total Coliform	/100ml.	Fecal Co			
Method Code:  Date and Time Received:	Method Code:			Date	1 / 2 '	7.
MICR- 2/20			11	IZ Data	1 12 /	-1
Date Analyzed:		/ 0	11		1000	y
Sample Number (DOH number plus live digits)	Sample Number (DOH number plus )	iive uigits)				e016

**092- Z30**(47)

DOH Form #331-319 (revised 11/10)



## Clallam County Environmental Healt b

223	E.	4 <sup>th</sup>	St.	Port	Ange	eles,	WA	983	-
					17-23				

COLIFORM BA	CTERIA A	NALYSIS				
	ne Sample	County				
11/1/11	Collected MA	1 0				
Month Day Year	2 : 20 D PM	CLALCAM				
Type of Water System (check only one box)						
☐ Group A ☐ Group B	3 🕱	Other NTNC				
Group A and Group B Systems Provide fi	rom Water Facili	ties Inventory (WFI):				
ID# I H 3 8 2 6						
System Name: 7 CEDARS	nacta	2				
Contact Person: JEFF BE		<i>J</i> .				
Day Phone: (360 ) 681 - 4602		Cell Phone: ( )				
Eve. Phone: ( )		FAX: ( )				
Send results to: (Print full name, address and zip	code)	-				
	RIBE					
1033 0 LO BLyn	HWAY					
SEQUIM WA 9	18382					
SAMPLEI	NFORMATIC	N				
Sample collected by (name): RicH	CAMPOS	2 \ \ \ \ \				
Specific location where sample collected:		pecial instructions or comments:				
CA 05 MAIN BAR	1	BILL TO TRIBE				
Sink						
Type of Sample (must check only one box	of #1 through #4	listed below)				
1. 🗖 Routine Distribution Sample	2. Repeat Sar	mple (after unsat. routine)				
Chlorinated: Yes_X_ No	☐ Distribut	ion System				
Chlorine Residual: Total 22 Free 22 Source Groundwater Rule (GWR)  3. Raw Water Source Sample (Population of 1,000 or less)						
3. Raw Water Source Sample		sfactory routine lab number:				
☐ E. coli GWR source sample		-				
☐ Fecal Surface, GWI, some springs ☐ Other	Unsatisfacto	ry routine collect date:				
	/	/				
S Dublin customs must are idea on a sub-fig. 145	Chlorinated:	Yes No				
Public systems must provide source number from WFI		sidual: Total Free				
4. ☐ Sample Collected for Information On	ly					
Investigative Construction /	Repairs	Other				
LAB USE ONLY DRINKING WA	ATER RESU	LTS LAB USE ONLY				
Unsatisfactory Total Coliform Present ar	nd	Satisfactory				
☐ E.coli present ☐ E.col						
	Fecal coliform at	osent PM F				
Replacement Sample Required:						
Sample too old (>30 hours)						
☐ Improper Container ☐ Turbi	d culture	OV - 4 2011				
Bacterial Density Results: Plate Count	_/ml					
Total Coliform/100ml.	Fecal Coliform	S. EPA REGION 10 WATER AND WATERSHEDS				
Method Code:		Date and Time Received:				
MICR- 2720		11-1-11 1:00pm				
Date Analyzed: // -/ Sample Number (DOH number plus five digits)	//	Date Reported: // -2 -//				
092- 19814		Lab Use Only: OMP				
0H Form #331-319 (revised 11/10)	_					



## Clallam County Environmental Health ab 223 E. 4<sup>th</sup> St. Port Angeles, WA 98

m 5	60) 417-23	34				
COLIFORM BA	CTERIA A	NALYSIS				
Date Sample Collected Tin	ne Sample Collected	CLALLAM				
Type of Water System (check only one box		A .				
	☐ Group A ☐ Group B ☒ Other NTVC					
Group A and Group B Systems Provide fr ID# H 3 & System Name:	2 6	108				
Contact Person: TEFF BEC						
Day Phone: (360) 681-460	12	Cell Phone: ( )				
Eve. Phone: ( )		AX: ( )				
Send results to: (Print full name, address and zip of Am EsTown TR: B	code)					
1033 060 BLyn	HIWAY	,				
SEQUIM WA	78382°					
SAMPLEI	NFORMATIC	N				
Sample collected by (name): RicH	Campor	ini				
Specific location where sample collected:  CA-03  MAIN  KITCHEN  Special instructions or comments:  BILL TRIBE						
Type of Sample (must check only one box	of #1 through #4	listed below)				
1. 🔀 Routine Distribution Sample 2. Repeat Sample (after unsat. routine)						
Chlorinated: Yes_X No						
Chlorine Residual: Total, 02 Free, 02		Groundwater Rule (GWR)				
3. Raw Water Source Sample		ion of 1,000 or less)				
☐ E. coli GWR source sample	Unsatis	sfactory routine lab number:				
☐ Fecal Surface, GWI, some springs						
Other	Unsatisfacto	ry routine collect date:				
S						
Public systems must provide source number from WFI		Yes No				
A Commis Callegated for left week.		sidual: Total Free				
4. ☐ Sample Collected for Information On Investigative Construction /	-	Other				
Investigative Construction / Repairs Other  LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY						
☐ Unsatisfactory Total Coliform Present al		^				
☐ Unsatisfactory Total Coliform Present and ☐ E.coli present ☐ E.coli absent						
☐ Fecal coliform present ☐ Fecal coliform absent						
Replacement Sample Required:						
☐ Sample too old (>30 hours) ☐ TNTC ☐ C☐ ☐ [V ☐ ]						
☐ Improper Container ☐ Turbid culture						
Bacterial Density Results: Plate Count  Total Coliform /100ml.	Bacterial Density Results: Plate Count 100ml.					
	Fecal Coliform U.S. EF	/100ml.				
Method Code: MICR- 2720	TICE OF WAT	11-1-11 LOD om				
Date Analyzed: 1/-/-/	1	Date Reported: //-				
V - 1	/	Lab Use Only:				

**092-** <u>19817</u> DOH Form #331-319 (revised 11/10)



### Clallam County Environmental Health 223 E. 4<sup>th</sup> St. Port Angeles, WA 98362 (360) 417-2334

COLIFORM BA	CTERIA A	NALYSIS				
	me Sample	County				
1014111 10	Collected	Clallam				
Month Day Year	DD PN					
Type of Water System (check only one box	()					
☐ Group A ☐ Group B 🛕 Other NTNC						
Group A and Group B Systems Provide for						
ID# I H 3 8	2 6	_				
System Name:						
System Name: 7 cedar	5 Cas	5.40				
Contact Person: Jeff B						
Day Phone: ( ) 681-46		Cell Phone: ( )				
Eve. Phone: ( )		FAX: ( )				
Send results to: (Print full name, address and zip	ww Trib	be				
1033 old 1						
Sequim W						
0 1 11 11 1	NFORMATIO					
Sample collected by (name): Rich	Camp	Porini				
Specific location where sample collected:	- S	pecial instructions or comments:				
CA-05						
Main bar Sink	J	Tames TOWN Tribe				
Type of Sample (must check only one box	of #1 through #4	listed below)				
1. Routine Distribution Sample	2. Repeat Sar	mple (after unsat. routine)				
Chlorinated: Yes No Distribution System						
Chlorine Residual: Total Free Source Groundwater Rule (GWR)						
3. Raw Water Source Sample (Population of 1,000 or less)						
☐ E. coli GWR source sample	Unsati	sfactory routine lab number:				
☐ Fecal Surface, GWI, some springs						
Other	Unsatisfacto	ory routine collect date:				
S						
Public systems must provide source number from WFI	Chlorinated:	Yes No				
		sidual: Total Free				
4. ☐ Sample Collected for Information Or	,	¥				
Investigative Construction /						
LAB USE ONLY DRINKING W		LTS LAB USE ONLY				
Unsatisfactory Total Coliform Present a		Satisfactory				
	oli absent					
Fecal coliform present Fecal coliform absent						
Replacement Sample Required:						
Sample too old (>30 hours) TNTO						
☐ Improper Container ☐ Turbid culture						
Bacterial Density Results: Plate Count /ml, FE.coliEGION 10						
Bacterial Density Results: Plate Count						
Method Code:		Date and Time Received:				
MICR- 2720		(0-4-1112:20pm				
Date Analyzed: 10-4-11		Date Reported: 10 -5-1/				
Sample Number (DOH number plus five digits)		Lab Use Only:				
092- 19526		-				



### Clallam County Environmental Health 223 E. 4<sup>th</sup> St. Port Angeles, WA 98362 (360) 417-2334

COLIFORM BACTERIA ANALYSIS					
Date Sample Collected Time Sample County					
10 14 111	52 XAM	Clallam			
Month Day Year	_: 5 Z _ PM	Cracitotal			
Type of Water System (check only one box)		1 - 1			
☐ Group A ☐ Group B	XI.O	ther NTNC			
7 //	m Water Faciliti	es Inventory (WFI):			
ID# 1 H 3 8	2 6	1,00			
System Name: 7 cedars		0 108			
Contact Person: Jeff 13					
Day Phone: ( ) 681-460	'2 C	ell Phone: ( )			
Eve. Phone: ( )		AX: ( )			
Send results to: (Print full name, address and zip of James T	own thi	be			
	13/x4				
Seg Wim 1	VA 98	382			
SAMPLE	NFORMATIO	N			
Sample collected by (name): Rich	Campo	rihi			
Specific location where sample collected:	S	pecial instructions or comments:			
CA-03	1 2	Tames Town Tribe			
Kitchen Sink					
Type of Sample (must check only one box					
1. Routine Distribution Sample		nple (after unsat. routine)			
Chlorinated: YesNo Distribution System					
Chlorine Residual: Total Free		Groundwater Rule (GWR) ion of 1,000 or less)			
3. Raw Water Source Sample		sfactory routine lab number:			
E. Coll GVVR source sample					
Fecal Surface, GWI, some springs					
Other Unsatisfactory routine collect date:					
S					
Public systems must provide source number from WFI	Yes No				
4 - 0 1 - 0 - 1 - 1 - 1 - 1 - 1 - 1		sidual: Total Free			
4. Sample Collected for Information Or		Other			
Investigative Construction /					
LAB USE ONLY DRINKING W					
Unsatisfactory Total Coliform Present and Satisfactory					
☐ E.coli present ☐ E.coli absent					
Fecal coliform present Fecal coliform absent					
Replacement Sample Required:					
□ Sample too old (>30 hours) □ TNTC 0CT □ 3 2011 □ Improper Container					
Improper Container Turbid culture					
Bacterial Density Results: Plate Count	FFICE OF WAT	PA REGION 10 EROIND WATERSHEDS /100ml.			
Total Coliform/100ml.	Fecal Coliform	/100ml.			
Method Code:		Date and Time Received:			
MICR- 2720	/	10-4-11 12:20pm			
Date Analyzed: / D - 4 - / Sample Number (DOH number plus five digits)	f	Date Reported: 10-5-11  Lab Use Only: 25111			
092- 19525		10mil			



## Clallam County Environmental Health (223 E. 4<sup>th</sup> St. Port Angeles, WA 98362 (360) 417-2334

COLIFORM BA	CTERIA A	NALYSIS			
	ne Sample	County			
916111	collected A	Clallam			
Month Day Year	_: 76 _ P	w   C   Str. Str.			
Type of Water System (check only one box	)				
☐ Group A NTNC☐ Group E	B 🗆	Other			
Group A and Group B Systems Provide fr		ities Inventory (WFI):			
ID# <u>T H 3 8</u>	2 6	- 108			
System Name: 7 Ceda					
	Becke				
Day Phone: ( ) 681-460		Cell Phone: ( )			
Eve. Phone: ( )		FAX: ( )			
Send results to: (Print full name, address and zip of	code)	4 4			
James					
1033 0/1 13					
Sequim WA	9838	2			
SAMPLEI	NFORMATI	ON			
Sample collected by (name): Rich	Campo	rini			
Specific location where sample collected:		Special instructions or comments:			
CA-05		Bill TO			
Main Bar Sink		James Town Tribe			
Type of Sample (must check only one box	of #1 through #4	4 listed below)			
1. Routine Distribution Sample	2. Repeat Sa	mple (after unsat. routine)			
Chlorinated: YesNo		ition System			
Chlorine Residual: Total Free  3. Raw Water Source Sample		Groundwater Rule (GWR) tion of 1,000 or less)			
☐ E. coli GWR source sample  Unsatisfactory routine lab number:					
☐ Fecal Surface, GWI, some springs					
Other	Unsatisfact	ory routine collect date:			
S					
Public systems must provide source number from WFI		: Yes No			
400 100 110 110 110		esidual: Total Free			
4. Sample Collected for Information On		Other			
Investigative Construction /  LAB USE ONLY DRINKING W.					
☐ Unsatisfactory Total Coliform Present al	li absent	Satisfactory			
	Fecal coliform	absent			
Replacement Sample Required:					
☐ Sample too old (>30 hours) ☐ TNTC ☐ ☐					
☐ Improper Container ☐ Turbid culture SEP   2 2011					
Bacterial Density Results: Plate Count /ml. E.coli /100ml.					
Total Coliform/100ml.	Fecal Coliform	S. EPA REGION 1900MI WATER AND WATERSHEDS			
Method Code: MICR- 2720		Date and Time Received:			
Date Analyzed: 9-6-7	11	9-6-11 11-30 Date Reported: 9-7-1/			
Sample Number (DOH number plus five digits)	1	Lab Use Only:			
092- 1 9 2 6 7	_	27			
DOH Form #331-319 (revised 11/10)					



### Clallam County Environmental Health 223 E. 4<sup>th</sup> St. Port Angeles, WA 9836 (360) 417-2334

COLIFORM BACTERIA ANALYSIS						
Date Sample Collected	Time Sample	County				
916111	Collected  9:40 P	Clallam				
Month Day Year  Type of Water System (check only one	hov)					
Group A Gro	up B	Other NTNC				
Group A and Group B Systems Provide						
ID# I H 3 8	2 6	_				
	r Casin					
Contact Person: Jeff Becker						
Day Phone: ( ) 681-46	, , ,	Cell Phone: ( )				
Eve. Phone: ( )		FAX: ( )				
Send results to: (Print full name, address and	e stown	tnibe				
1033 0	1d BIXH	Hwy				
Sequim	WA 98	382				
SAMPL	E INFORMATION	ON				
Sample collected by (name):	h Camp	Porihi				
Specific location where sample collected	d: 8	Special instructions or comments:				
CA-03 Kitchen	Sink	13/11 to				
		Jamestown Tribe				
Type of Sample (must check only one						
1. Routine Distribution Sample	2. Repeat Sa	ample (after unsat. routine)				
Chlorinated: Yes X No	☐ Distribu	ution System				
Chlorine Residual: Total Free Source Groundwater Rule (GWR)  3. Raw Water Source Sample (Population of 1,000 or less)						
☐ E. coli GWR source sample  Unsatisfactory routine lab number:						
☐ Fecal Surface, GWI, some spring	gs — — —					
Other	Unsatisfact	tory routine collect date:				
s						
Public systems must provide source number from WFI Chlorinated: Yes No						
		esidual: Total Free				
4. ☐ Sample Collected for Information						
Investigative Constructi						
LAB USE ONLY DRINKING	WATER RESU	JLTS LAB USE ONLY				
☐ Unsatisfactory Total Coliform Prese	ent and	Satisfactory				
	E.coli absent					
☐ Fecal coliform present	☐ Fecal coliform	absent				
Replacement Sample Required:	In E C	EIVEN				
	TNTC					
☐ Improper Container ☐ Turbid cultureSEP   2 2011						
Bacterial Density Results: Plate Count /ml. E.coli /100ml.						
Total Coliform/100m	. OF Fecal Coliforn	PA REGION 10 100ml ER AND WATERSHEDS				
Method Code: MICR- 2720		Date and Time Received:				
Date Analyzed: 9-1	27/	Date Reported 7-7-//				
Sample Number (DOH number plus five digits)	- 01	Lab Use Only:				
092- 1 9 2 6	8					
DOH Form #331-319 (revised 11/10)						



### Clallam County Environmental Health ab 223 E. 4<sup>th</sup> St. Port Angeles, WA 98 (360) 417-2334

COLIFORM BA	CTERIA A	ANALYSIS
	ne Sample	County
~ 17 1 13	Collected	M Clallan
Month Day Year	15 0	PM
Type of Water System (check only one box	')	
☐ Group A ☐ Group I		-Other NTNC
Group A and Group B Systems Provide fi		
ID# I H 3 8		
System Name:		108
Contact Person: Jeff	Becke	-
Day Phone: ( ) 681 - 4	1602	Cell Phone: ( )
Eve. Phone: ( )		FAX: ( )
Send results to: (Print full name, address and zip	code) Stown	Tribe
1033 old B	lyn H	WY
Sequim WA	983	8 2
	NFORMATI	
Sample collected by (name):	ch Ca	mporini
Specific location where sample collected:		Special instructions or comments:
CA-03 Kitchen	Gink	Billto
		James Town Tribe
Type of Sample (must check only one box	of #1 through #	4 listed below)
1. 🔀 Routine Distribution Sample	2. Repeat Sa	ample (after unsat. routine)
Chlorinated: Yes X No		ution System
Chlorine Residual: Total Free  3. Raw Water Source Sample		Groundwater Rule (GWR) ation of 1,000 or less)
☐ E. coli GWR source sample	Unsat	isfactory routine lab number:
☐ Fecal Surface, GWI, some springs		
Other	Unsatisfact	ory routine collect date:
s		/
Public systems must provide source number from WFI	Chlorinated	: Yes No
	Chlorine Re	esidual: Total Free
4. Sample Collected for Information On	.,	
Investigative Construction /	Repairs	Other
LAB USE ONLY DRINKING W	ATER RESU	JLTS LAB USE ONLY
☐ Unsatisfactory Total Coliform Present at	nd	Satisfactory
	li absent	PEIMED
	Fecal coliform	absent V 5
Replacement Sample Required:	31	
☐ Sample too old (>30 hours) ☐ TNT	AL AL	<b>19</b> − 5 2011
☐ Improper Container ☐ Turb	id culture	
Bacterial Density Results: Plate Count	OFFICE OFFICE	. EPA REGION 10 VAICON AND WATERSH/#100ml.
Total Coliform/100ml.	Fecal Coliform	/100ml.
Method Code: MICR- 2720		Date and Time Received: 8-2-11 1255
Date Analyzed: 8-2-//		Date Reported: 4-3-//
Sample Number (DOH number plus five digits)		Lab Use Only: 82411
092- 1 8 8 4 0	_	
DH Form #331-319 (revised 11/10)		



### Clallam County Environmental Healt ab 223 E. 4<sup>th</sup> St. Port Angeles, WA 983 (360) 417-2334

COLIFORM BAC	CTERIA AN	NALYSIS			
	e Sample	County			
\$12111 °	ollected	0/1/			
Month Day Year	2: <u>25</u> - PM	Clallam			
Type of Water System (check only one box) Group A Group B		)ther			
Group A and Group B Systems Provide fro					
D# I # 3 8	26				
System Name: 7 Ced	lans (	asino			
Contact Person:	Beck				
Day Phone: (360) 631 460 Eve. Phone: (		ell Phone: ( )			
Send results to: (Print full name, address and zip of		AX: ( )			
	own	Tribe			
1033 01	ld Bly	n Hwy			
Seguin	WA	98382			
SAMPLE	NFORMATIO	N			
Sample collected by (name):	7 12.				
Specific location where sample collected:	Can	n porvior pecial instructions or comments:			
CA 55	2	Decial instructions or comments:			
Main bar Sink					
Type of Sample (must check only one box of	of #1 through #4	listed below)			
1. Routine Distribution Sample	2. Repeat San	nple (after unsat. routine)			
Chlorinated: Yes_XNo	☐ Distributi	on System			
Chlorine Residual: Total Free		Groundwater Rule (GWR)			
3. Raw Water Source Sample		on of 1,000 or less)			
☐ E. coli GWR source sample	Unsaus	factory routine lab number:			
Fecal Surface, GWI, some springs					
Other	Unsatisfacto	ry routine collect date:			
S	Chlorinated:	Yes No			
Public systems must provide source number from WFI		idual: Total Free			
4. Sample Collected for Information On		ridual. Total F188			
Investigative Construction /		Other			
LAB USE ONLY DRINKING WA					
Unsatisfactory Total Coliform Present ar		Satisfactory			
☐ E.coli present ☐ E.col					
☐ Fecal coliform present ☐	Pag	DISENTE VER			
Replacement Sample Required:					
□ Sample too old (>30 hours) □ TNTC □ □ □ □ TNTC □ □ TNTC □ □ TNTC □ □ TNTC □ □ TNTC □ □ □ □ TNTC □ □ □ □ TNTC □ □ □ TNT					
☐ Improper Container ☐ Turbi	id culture				
Bacterial Density Results: Plate Count	OFFICIALOR	LS. EPA REGION 10 Excolirer and watershebs			
Total Coliform/100ml.	Fecal Coliform_	/100ml.			
Method Code:		Date and Time Received:			
MICR- 2720	,	8-2-11 1255/			
Date Analyzed: 8-2-1( Sample Number (DOH number plus five digits)		Date Reported: 83 1/			
1992- 1992- 4	3	Lab USE Offiy.			
)H Form #331-310 (ravised 11/10)					



Clallam County Environmental Healt ab 223 E. 4<sup>th</sup> St. Port Angeles, WA 983 (360) 417-2334 **COLIFORM BACTERIA ANALYSIS** Date Sample Collected County Collected 715111 Clallam 55 XAM Month Day Year Type of Water System (check only one box) ☐ Group A ☐ Group B 🖫 Other NTIVC Group A and Group B Systems Provide from Water Facilities Inventory (WFI): D# I H 3 8 2 6 System Name: 7 cedars Casino Jeff Becker Contact Person: Day Phone: ( 681-4602 Eve. Phone: ( Send results to: (Print full name, address and zip code)

James Town Tribe 1033 old 1314 Hwy Sequim WA 98382 SAMPLE INFORMATION Sample collected by (name): Rich Camporini Specific location where sample collected: Special instructions or comments: CA-05 Main Bar 13:11 To James Town Tribe Sink 2. Repeat Sample (after unsat. routine) ☐ Distribution System ☐ Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: Unsatisfactory routine collect date: Chlorinated: Yes No Chlorine Residual: Total Construction / Repairs \_ LAB USE ONLY Satisfactory HUL - 8 2011 /100ml. Fecal Coliform /100ml.

Type of Sample (must check only one box of #1 through #4 listed below) 1. X Routine Distribution Sample Chlorinated: Yes X No Chlorine Residual: Total\_\_\_\_ Free\_ 3. Raw Water Source Sample ☐ E. coli GWR source sample ☐ Fecal Surface, GWI, some springs Other Public systems must provide source number from WFI 4. ☐ Sample Collected for Information Only Investigative \_\_\_\_\_ LAB USE ONLY DRINKING WATER RESULTS Unsatisfactory Total Coliform Present and ☐ E.coli present ☐ E.coli absent ☐ Fecal coliform present ☐ Fecal coliform absent Replacement Sample Required: ☐ Sample too old (>30 hours) ☐ TNTC ☐ Improper Container ☐ Turbid culture Bacterial Density Results: Plate Count Total Coliform Method Code: MICR- 2720 Date Analyzed: Lab Use Only: 092-



## Clallam County Environmental Healt 223 E. 4<sup>th</sup> St. Port Angeles, WA 983 (360) 417-2334

COLIFORM BAC	CTERIA A	ANALYSIS					
	e Sample	County					
	ollected _:45 □ F	M Clallam					
Month Day Year	_:75 DF	PM					
Type of Water System (check only one box)							
		Other NTNC					
Group A and Group B Systems Provide fro		ilities Inventory (WFI):					
ID# I H 3 8 2 6							
System Name: 7 cedars Casino							
Contact Person: Jeff Becker							
Day Phone: ( ) 681-46		Cell Phone: ( )					
Eve. Phone: ( )		FAX: ( )					
Send results to: (Print full name, address and zip of the sent sent sent sent sent sent sent sen	ode) DWN 7	ribe					
1033 Old Blyn							
Sequim WA							
SAMPLE							
Sample collected by (name):	Care	porini					
Specific location where sample collected:		Special instructions or comments:					
CA-03 Kitcher	- n 1 .	Bill to					
CIT-US KITEMEN	1 514K	Jamestown Tribe					
Type of Sample (must check only one box							
1. Routine Distribution Sample	2. Repeat S	ample (after unsat. routine)					
Chlorinated: YesX_No	☐ Distrib	ution System					
Chlorine Residual: Total Free Source Groundwater Rule (GWR)  3. Raw Water Source Sample (Population of 1,000 or less)							
☐ E. coli GWR source sample	Unsa	tisfactory routine lab number:					
☐ Fecal Surface, GWI, some springs							
Other	Unsatisfac	tory routine collect date:					
S	-	<i></i>					
Public systems must provide source number from WFI		d: Yes No					
4 - Sample Callected for Information On		esidual: Total Free					
4. Sample Collected for Information On Investigative Construction /	-	Other					
LAB USE ONLY DRINKING WA							
☐ Unsatisfactory Total Coliform Present al		Satisfactory					
_	li absent	Catastactory					
☐ Fecal coliform present ☐	Fecal coliform	absent					
Replacement Sample Required:							
☐ Sample too old (>30 hours) ☐ TNT	100						
□ Improper Container □ Turbid culture 10 - 8 2011							
Bacterial Density Results: Plate Count /ml. E.coli /100ml.							
Total Coliform/100ml.	Fecal Coliforn	M. EPA REGION 1/100ml WATER AND WATERSHEDS					
Method Code: MICR- 2720		Date and Time/Received:					
Date Analyzed: 7–5–	11	Date Reported:7-6-//					
Sample Number (DOI Inumber plus five digits)		Lab Use Only:					
092-							
2011 OIII #331-318 (IEVISED 11/10)							



	County Environmental Hear	al
223 E.	4 <sup>th</sup> St. Port Angeles, WA 98	J.
	(360) 417-2334	

COLIFORM BAC	CTERIA ANALYSIS		
	e Sample County		
6 1 / 1 / 1	ollected Clallam		
Month Day Year	20 DPM Clallam		
Type of Water System (check only one box)			
☐ Group A ☐ Group B	Other_NTNC		
Group A and Group B Systems Provide fro			
ID# I H 3 8	2 6		
System Name: 7 Cedah C	Casino		
Contact Person: Jeff			
Day Phone: ( ) 681-460			
Eve. Phone: ( )	FAX: ( )		
Send results to: (Print full name, address and zip c	ode)		
James town			
1033 OID Blyn			
Sequim WA 98			
SAMPLE II	NFORMATION		
Sample collected by (name):	Camporini		
Specific location where sample collected:	Special instructions or comments:		
CA-05 Main Bar	Bill To Jamestown		
Sink	Tribe		
Type of Sample (must check only one box	of #1 through #4 listed below)		
1. X Routine Distribution Sample	2. Repeat Sample (after unsat. routine)		
Chlorinated: YesXNo	☐ Distribution System		
Chlorine Residual: Total Free	Source Groundwater Rule (GWR) (Population of 1,000 or less)		
3. Raw Water Source Sample	Unsatisfactory routine lab number:		
☐ E. coli GWR source sample ☐ Fecal Surface, GWI, some springs	-		
Other	Unsatisfactory routine collect date:		
s			
Public systems must provide source number from WFI	Chlorinated: Yes No		
T unit of states in the provide source number from 1411	Chlorine Residual: Total Free		
4. Sample Collected for Information Or	nly		
Investigative Construction /	Repairs Other		
LAB USE ONLY DRINKING W	ATER RESULTS LAB USE ONLY		
Unsatisfactory Total Coliform Present a			
	oli absent		
	Fecal coliform absent		
Replacement Sample Required:  Sample too old (>30 hours)			
	oid culture JUN 1 3 2011		
Improper container I ruit	July 1 2 2011		
Bacterial Density Results: Plate Count	/ml. E.coli /100ml. U.S. EPA REGION 10		
Total Coliform/100ml.	CFECAL CONTON ATER AND WATE TOO THE DS		
Method Code:	Date and Time Received:		
MICR- 2720 18159 But	6/6/11 12:17		
Date Analyzed: 6-6-7 Sample Number (DOH number plus five digits)	Date Reported: 7-1/ Lab Use Only:		
092-	ab ose only.		
DOH Form #331-319 (revised 11/10)			



## Clallam County Environmental Heal 223 E. 4<sup>th</sup> St. Port Angeles, WA 98 (360) 417-2334

(360) 417	7-2334
COLIFORM BACTERI	A ANALYSIS
Date Sample Collected  Time Sample Collected  Collected	County  AAM Clallam
ype of Water System (check only one box)  ☐ Group A ☐ Group B	Other NTNC
Group A and Group B Systems Provide from Wa	
System Name: 7 cedars Co Contact Person: Jeff Beck	er
Day Phone: ( ) 681 - 4602	FAX: ( )
Send results to: (Print full name, address and zip code)  James to wy Tri  1033 Old Blyn	Hiway
SPAULIN	38Z
SAMPLE INF	
Specific location where sample collected:  CA-03 Kitchen Sin	11.00
Type of Sample (must check only one box o	f #1 through #4 listed below)
1. Routine Distribution Sample  Chlorinated: YesX No  Chlorine Residual: Total Free	☐ Distribution System ☐ Source Groundwater Rule (GWR) (Population of 1,000 or less)
3. Raw Water Source Sample  E. coli GWR source sample  Fecal Surface, GWI, some springs	Unsatisfactory routine lab number:
Other	Unsatisfactory routine collect date:
Public systems must provide source number from WFI	Chlorine Residual: TotalFree
4. ☐ Sample Collected for Information  Investigative Construction	n / Repairs
LAB USE ONLY DRINKING	Satisfactory
☐ E.coli present	F.(,0)  abooti
Sample too old (1991)	TNTC
Density Results: Plate Count	
Total Coliform	Date and Time Received:
Method Code: MICR- 2720 18140	0/6/12:17 Date Reported:6-7-1/
Date Analyzed:  Sample Number (DOH number plus five digits)  092-	Date Reported 6 - 7 - 7   Lab Use Only:
DOH Form #331-319 (revised 11/10)	



### Clallam County Environmental Health L 223 E. 4<sup>th</sup> St. Port Angeles, WA 98362 (360) 417-2334

COLIFORM BACTERIA ANALYSIS				
	me Sample	County		
513/11	Collected	AM		
Month Day Year —	1 31	PM CLALLAM		
Type of Water System (check only one box	()			
☐ Group A ☐ Group		Other NTNC		
Group A and Group B Systems Provide f	rom Water Fac	cilities Inventory (WFI):		
System Name: 7 CEPARS	Casta	2		
Contact Person: JEFF BEC		0		
Day Phone: ( ) 681-460		Cell Phone: ( )		
Eve. Phone: ( )		FAX: ( )		
Send results to: (Print full name, address and zip	code)			
1033 0LO BLAN		14		
	8382			
SAMPLE	NFORMAT	ION		
Sample collected by (name): <b>JEFF</b>	BECK	ER		
Specific location where sample collected:		Special instructions or comments:		
CA-05 MAIN BAR	'	BILL TO JAMESTO		
		TRIBE		
Type of Sample (must check only one box				
Routine Distribution Sample  Chlorinated: Yes		ample (after unsat. routine)		
Chlorinated: YesNo Chlorine Residual: Total Free	60007000	oution System		
3. Raw Water Source Sample	e Groundwater Rule (GWR) ation of 1,000 or less)			
☐ E. coli GWR source sample Unsatisfactory routine lab number:				
☐ Fecal Surface, GWI, some springs				
Other	Unsatisfac	ctory routine collect date:		
S				
Public systems must provide source number from WFI	Chlorinate	nated: Yes No		
		esidual: Total Free		
4. ☐ Sample Collected for Information Only				
Investigative Construction /				
LAB USE ONLY DRINKING W				
☐ Unsatisfactory Total Coliform Present al		Satisfactory		
The state of the s	li absent Fecal coliform	People IVED		
Replacement Sample Required:	Coal Collon	ausenica I V E		
☐ Sample too old (>30 hours) ☐ TNT		AV - 9 2011		
	id culture	AI - 9 ZUII   U		
Bacterial Density Results: Plate Count	OFFICE OF	SEGOI REGION 10 /100ml.		
Total Coliform/100ml.	Fecal Coliforn	n/100ml.		
Method Code: MICR- 2720		Date and Time Received:		
Date Analyzed: 5-3-6	1	Date Reported 5/4/		
Sample Number (DOH number plus five digits)	-	Lab Use Only:		
<b>092-</b> <u>1</u> <u>7</u> <u>8</u> <u>8</u> <u>0</u> DOH Form #331-319 (revised 11/10)		-004.4		



### Clallam County Environmental Health I 223 E. 4<sup>th</sup> St. Port Angeles, WA 98362 (360) 417-2334

A HUMAN ST				
COLIFORM BA	CTERIA AN	ALYSIS		
	ne Sample	County		
513111	Collected	04		
Month Day Year	1.38 □ PM	CLALLAM		
Type of Water System (check only one box	()	3. Armer a 3. d		
☐ Group A ☐ Group		ther NTNC		
Group A and Group B Systems Provide f	- 1	es Inventory (WFI):		
ID# I H 3 8	2 6			
System Name: 7 CEDARS	CASin			
Contact Person: TEFF BE				
Day Phone: ( ) 681-464	) 2 C	ell Phone: ( )		
Eve. Phone: ( )	F/	AX: ( )		
Send results to: (Print full name, address and zip	code)			
1033 OLD Blyn	. 4			
Sequim WA98	1/			
**************************************		NI		
	INFORMATIO	711		
Sample collected by (name): <b>JEFF</b>	BECKER	3		
Specific location where sample collected:		pecial instructions or comments:		
CA-03 KITCHEN L	Sink	BILL TO JAMESTOWN		
		TRIBE		
Type of Sample (must check only one bo				
1. K Routine Distribution Sample		mple (after unsat. routine)		
Chlorinated: Yes_XNo	☐ Distribut			
Chlorine Residual: Total Free Source Groundwater Rule (GWR)  (Population of 1,000 or less)				
3. Raw Water Source Sample	Unsati	sfactory routine lab number:		
☐ E. coli GWR source sample ☐ Fecal Surface, GWI, some springs				
Other		ory routine collect date:		
	Chlorinated	: Yes No		
Public systems must provide source number from WFI	Chlorine Re	esidual: Total Free		
4. Sample Collected for Information	Only	20 000		
Investigative Construction	n / Repairs	Other		
LAB USE ONLY DRINKING	WATER RESU	JLTS LAB USE ONLY		
☐ Unsatisfactory Total Coliform Presen	t and	Satisfactory		
	.coli absent	/ `		
	Feeal coliform	absent		
Replacement Sample Required:				
☐ Sample too old (>30 hours) ☐ TNTC ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐				
Improper Container IT	urbid culture	THE G ZOTT		
Bacterial Density Results: Plate Count	/ml.	E.coli /100ml.		
Total Coliform/100ml.	Fecal Coliforn	NE WATER AND WATERSHEDS		
Method Code:				
MICR- 2720		5/3/11 11:10A		
	-11	Date Reported: 5-4-1/ Lab Use Only:		
Sample Number (DOH number plus five digits) <b>092-</b> / 788/	Sample Number (DOH number plus five digits)			
VVE- 1 1001				



### COLIFORM BACTERIA ANALYSIS

COLIFC	INIVI DAC	I EKIA AN	ALTOIS		
Date Sample Collected		Sample lected	County		
4/5711 Month Day Year	9:0	4 AM	CLALLAM		
Type of Water System (check on	ly one hox)	PM	2242647		
Group A Public	_	l Privata Hayaak	vold		
Group B Public		Private Housel Other			
Group A and Group B Systems -					
ID# <u>T</u> <u>H</u> 3	8 .	26			
System Name: 7 C	EDAR.	S CAS!	10		
Contact Person: JeF					
	4602	Cell Phone: (	)		
Eve. Phone: ( )		FAX: (			
Send results to: (Print full name, addre					
1033 660	Orgi	n HIWA	<del>y</del>		
_ SEQUIM C	NA 9	8382			
		ORMATION			
Sample collected by (name):	FF B	ECKER			
Specific location where sample co	ollected (addre	ess or sample sit	e, and type of faucet):		
Specific location where sample co	n KiTO	chen s	nK		
Special instructions or comments:					
Type of Sample (must check only	One how of the	ESTOWA	1 IRIBE		
1. Routine Distribution Samp			mple (follow-up		
Provide information below.	10		tisfactory sample)		
Chlorinated: Yes No		Provide informati			
Chlorine Residual: Total Fre			utine lab number:		
3. Raw Water Source Sample			directed frameof.		
Required for Surface Water, GWI,		Insatisfactory ro	utine collect date:		
some Spring Sources					
s	(	Chlorinated: Yes No			
		Chlorine Residua	l: Total Free		
Public Systems must provide Source Number from (1					
4. Sample Collected for Inform	_	D ::			
Construction Repairs			Other		
LAB USE ONLY DRINI Unsatisfactory	AING WAT	ER RESULT			
Total Coliform Present and		X	Satisfactory		
	E.coli absent				
_	Fecal coliform	absen [			
Replacement Sample Require	111 ).	7 [			
Sample not tested because:		Test unsuitable	heranooss		
Sample not tested because:    Test unswitable because:   Test unswitable be					
☐ Improper Container ☐ Turbid culture					
	- Corru	U.S. EPA F	EGION 10		
Bacterial Density Results: Plate Con	Bacterial Density Results: Plate Count /ml. E.coli /100ml.				
Total Coliform/100	ml. Feca	Coliform	/100ml.		
Method Code:		Date an	d Time Received:		
MICR- 2720		4-5.	11 10:40 Am		
Date Analyzed:	5-11	Date Re	1 82 11		
092 AM 17589		Lab Use	Only: BMP		
Sample Number (DOH number plus five digits)					
OH Form #331-319 (revised 8/05)					

# Clallam County Environmental Health 223 E. 4th St. Suite 14

Port Angeles, V (360) 417-	NA 98362 2334			
COLIFORM BACTI				
Date Sample Collected Time Sa	mple County			
Collect 4/5/11				
01.12	DPM CCACCAM			
Month Day Year  Type of Water System (check only one box)				
Croup A Public	Private Household			
Group B Public	Other_NTNC			
Group A and Group B Systems - Provide from V	Vater Facilities Inventory (WFI):			
D# I H 3 8 2	6			
System Name: 7CEOAKS CA	ISINO			
Contact Person: JEFF BECK				
Day Phone: ( ) 681-4602	Cell Phone: ( )			
Éve. Phone: ( )	FAX: ( )			
Send results to: (Print full name, address and zip code	3:BE			
- H (6)				
1033 OLB Blyn	7.649			
SEQUIM WA	18382			
SAMPLE IN	FORMATION			
Sample collected by (name);	CVED			
a distribution apple collected (add	ress or sample site, and type of faucet):			
CA-DS CASino (	MAIN BAR SINK			
	MESTOUR TRIBE			
Type of Sample (must check only one box of	#1 through #4 listed below)			
1. Routine Distribution Sample	2. ☐ Repeat Sample (follow-up			
Provide information below.	to an unsatisfactory sample)			
Chlorinated: YesNo	Provide information below.			
Chlorine Residual: Total Free	Unsatisfactory routine lab number:			
3. Raw Water Source Sample	Unsatisfactory routine collect date:			
Required for Surface Water, GWI, and	/			
some Spring Sources	Chlorinated: Yes No			
S	Chlorine Residual: Total Free			
Public Systems must provide Source Number from (WFI)				
4. ☐ Sample Collected for Information O	nly Other			
Construction Repairs Pr	VATER RESULTS LAB USE ONLY			
LAB USE ONLY DRINKING W	Satisfactory			
Unsatisfactory  Total Coliform Present and				
☐ E.coli present ☐ E.coli ab	sent P. 7. F. D. 7. F			
☐ Fecal coliform present ☐ Fecal co	liform absent C E V E			
☐ Replacement Sample Required				
Sample not tested because:	Test unsuitable because			
☐ Sample too old (>30 hours)	I I TNTC			
☐ Improper Container ☐ Turbid culture ☐ U.S. EPA REGION 10 ☐ U.S. EPA REGION 10				
D	OFFICE OF WATER AND WATERSHEDS /ml, E.coli /100ml.			
Bacterial Density Results: Plate Count	Fecal Coliform/100ml.			
Method Code:	Date and Time Received:			
MICR- 2 7 2 0	45-11 10:40 Am			
Date Analyzed: 4-5-	Date Reported: 44647  Lab Use Only: BMP			
092 17590				
Sample Number (DOH number plus five digits)				
DOH Form #331-319 (revised 8/05)				

COLIFORM BACTERIA ANALYSIS					
Date Sample Collected		Sample		County	
311111	Co	llected	46		
	9	45	AM AM	CLALLAM	
Month Day Year	no hov)	:L	_ PIVI	CCACCAM	
Type of Water System (check only o		] Private	Househ	old	
Group B Public		_		TNC	
		`			
Group A and Group B Systems – Pr		n vvater i	-acilities <sup>1</sup>	inventory (WFI):	
ID# <u>I H 3</u>	8 .	4	0		
System Name: 7 CED	ars	CAS	inc	)	
Contact Person: JEFF					
Day Phone: (360) 681 - 4				)	
Eve. Phone: ( )	7 10	FAX:		)	
Send results to: (Print full name, address	and zip co			,	
JAMESTOWN	TR	IBE			
1033 OLO H	liwas	1			
SEA4im W	PA	7838	32		
SAM	IPLE IN	FORM	ATION		
Sample collected by (name):	FF	RECL	160		
Specific location where sample colle				te, and type of faucet):	
CA-05 € MAI					
Special instructions or comments:	Amz	ESTO	เปก	TRIBE	
Type of Sample (must check only o					
1. Routine Distribution Sample				mple (follow-up	
Provide information below.				atisfactory sample)	
Chlorinated: Yes X No				ion below.	
Chlorine Residual: Total Free Unsatisfactory routine lab number:					
3. Raw Water Source Sample					
Required for Surface Water, GWI, ar	nd	Unsatisf	actory ro	outine collect date:	
some Spring Sources			_/	/	
s		Chlorina	rinated: Yes No		
Chlorin			Residua	al: Total Free	
Public Systems must provide Source Number from (WFI)					
4. ☐ Sample Collected for Information Only					
Construction Repairs	Priva	ate Resid	ence	Other	
LAB USE ONLY DRINKI	NG WA	TER R	ESUL1	S LAB USE ONLY	
☐ Unsatisfactory				Satisfactory	
Total Coliform Present and			/	`	
	.coli abse				
☐ Fecal coliform present ☐ Fe	ecal colifo	rm abser	t o	EIWED	
Replacement Sample Required					
Sample not tested because:					
□ Sample too old (>30 hours) □ TNTCAR - 4 2011 □					
☐ Improper Container ☐ Turbid culture					
			U.S. EF	A REGION 10	
Bacterial Density Results: Plate Cour	nt	OFFICE (	mi E.co	FR AND WATERSHOOM!	
Total Coliform/100r	Total Coliform/100ml. Fecal Coliform/100ml.				
Method Code:			-	and Time Received:	
MICR- 2720			31.	., ., ., .,	
Date Analyzed: 3-/-	11			Reported: 3 - 2 - / /	
092 17313			Lab Us	se Only: 3MP	
Sample Number (DOH number plus five digits)					

DOH Form #331-319 (revised 8/05)

COLIFC	KM BAC	I EKIA AN	ALTSIS
Date Sample Collected	Time S Colle		County
3/1/11		37 AM	CLALLAM
Month Day Year  Type of Water System (check or		J'LI PM	(
Group A Public		Debugta Harrada	-1.1
	-	Private Househ Other	
Group B Public			
Group A and Group B Systems - ID#			Inventory (WFI):
System Name: 7 C €	140 0	asino	
Contact Person: JEF			
Day Phone: (360) 681-			)
Eve. Phone: ( )		FAX: (	
Send results to: (Print full name, addre	ess and zip code)		
JAMESTO	In TR	IBE	
1033 0 LD	BLyn	HIWAY	
SEQU'IM	WA 983	382	
	AMPLE INFO		
Sample collected by (name):	AWIPLE INFO	JRIVIATION	
JE	FF BE		
Specific location where sample of CA-D3 MA	pllected (addres	ss or sample sit	e, and type of faucet):
Special instructions or comments	O JAP	1ESTOW	ATRIBE
Type of Sample (must check onl			
1. Routine Distribution Samp			mple (follow-up
Provide information below.			tisfactory sample)
Chlorinated: Yes_X_ No_	P	rovide informati	. ,
Chlorine Residual: Total Free Unsatis			utine lab number:
3. Raw Water Source Sample			
Required for Surface Water, GWI, and Unsatisfactory routine collect date:			utine collect date:
some Spring Sources			
s		No	
	nlorine Residua	I: Total Free	
Public Systems must provide Source Number from (WFI)			
4. ☐ Sample Collected for Infor			
Construction Repairs			
LAB USE ONLY DRIN	KING WATE	ER RESULT	S LAB USE ONLY
Unsatisfactory		ZA.	Satisfactory
Total Coliform Present and		FC	EIVEIN
	E.coli absent		
	Fecal collform	absent	A 2011
Replacement Sample Requir	ed	MAK	-4 ZUII
Sample not tested because:		Test unsuitable	because:
Complete and the color			
☐ Improper Container	OF	Turbid cultu	A REGION 19 ER AND WATERSHEDS
0			
Bacterial Density Results: Plate Co			li/100ml.
Total Coliform/10	00ml. Fecal	Coliform	/100ml.
Method Code:			nd Time Received:
MICR- 2 7 2 0	- 11		11 11:25 Am
Date Analyzed: 3	n - //	Date Re	2 - 11
092 17314 Lab Use Only: Binit			Somp.
Sample Number (DOH number plus five digits) DOH Form #331-319 (revised 8/05)			



COLIFORM BA	ACTERIA A	NALTOIS		
	me Sample Collected	County		
2,1,11	43 AM	CLALLAM		
Month Day Year	_: [] PI\	[[[]		
Type of Water System (check only one box	_	and d		
Group A Public	☐ Private Hous			
Group B Public				
Group A and Group B Systems – Provide f		ies Inventory (WFI):		
ID# <u>T H 3 8</u>		-		
System Name: 7 CEDARS		0		
Contact Person: JEFF 65				
Day Phone: ( ) 681-460		: ( )		
Eve. Phone: ( )	FAX: (	)		
Send results to: (Print full name, address and zip				
JAMESTOWN				
1033 060 Bly		,		
SEQY, m WA 9				
	INFORMATIC	ON -		
Sample collected by (name):	BECKER	•		
Specific location where sample collected (a	ddress or sample	site, and type of faucet):		
Special instructions or comments:	Tan at	70'05		
Type of Sample (must check only one box				
Routine Distribution Sample		Sample (follow-up		
Provide information below.		nsatisfactory sample)		
Chlorinated: Yes X No	Provide inform			
Chlorine Residual: Total Free		/ routine lab number:		
3. Raw Water Source Sample				
Required for Surface Water, GWI, and	Unsatisfactor	routine collect date:		
some Spring Sources				
	Chlorinated: Y	'es No		
S	Chlorine Resi	Chlorine Residual: Total Free		
Public Systems must provide Source Number from (WFI)				
4. ☐ Sample Collected for Information O	nly			
Construction Repairs P	rivate Residence	Other		
LAB USE ONLY DRINKING W	ATER RESU			
Unsatisfactory	1	Satisfactory		
Total Coliform Present and		PINTER		
☐ E.coli present ☐ E.coli ab		BE WEIN		
☐ Fecal coliform present ☐ Fecal co	iform absent			
Replacement Sample Required	E	R - 8 2011		
Sample not tested because:	Test unsuita	ible because:		
☐ Sample too old (>30 hours) ☐ TNTC				
☐ Improper Container	OFFICE OF W	ATER AND WATERSHEDS		
Bacterial Density Results: Plate Count		.coli/100ml.		
	ecal Coliform	/100ml.		
Method Code:	Dat	e and Time Received:		
MICR- 2 7 2 0	Dat	Poportod: 2 2 14 25		
Date Analyzed:		Reported: 2-2-1190 Use Only:		
092 /1092		V		
Sample Number (DOH number plus five digits)  DOH Form #331-319 (revised 8/05)				



### **COLIFORM BACTERIA ANALYSIS**

Date Sample Collected		Sample	County		
21111	Col	lected	A .		
Month Day Year	9	36 NA	CLALLAM		
Type of Water System (check or	nly one box)				
Group A Public		Private Hou			
☐ Group B Public		Other/	ITNC		
Group A and Group B Systems -	- Provide from	Water Facili	ties Inventory (WFI):		
ID# 7 H 3	8 3	2 6			
			=		
	DARS		10		
	F BEC				
	4602	Cell Phone	:( )		
Eve. Phone: ( )		FAX: (	)		
Send results to: (Print full name, addr		, , ,			
200.000 00.00000					
			0-		
SEQUIM					
S	AMPLE IN	FORMATIC	DN		
Sample collected by (name):	EFF BE	ECKER			
Specific location where sample of CA-03 main	collected (addr	ess or sample			
Special instructions or comments	3:		own TRIBE		
Type of Sample (must check on					
1. Routine Distribution Sam			Sample (follow-up		
Provide information below.			to an unsatisfactory sample)		
Chlorinated: Yes_X_ No	_		mation below.		
	Chlorine Residual: Total Free Unsatis				
3. Raw Water Source Sampl	e				
Required for Surface Water, GW	I, and	Unsatisfactor	y routine collect date:		
some Spring Sources					
s		Chlorinated: `	Yes No		
		Chlorine Res	dual: Total Free		
Public Systems must provide Source Number from					
4. ☐ Sample Collected for Info	-		24		
Construction Repairs					
_	IKING WA	TER RESU	LAB USE ONLY		
Unsatisfactory			Satisfactory		
Total Coliform Present and	7- ".		•		
	E.coli absen	THE RESERVE OF THE PARTY OF THE	OF INED		
Replacement Sample Requi	Fecal coliform present Fecal coliform absents C E V E				
	irea	12			
Sample not tested because:		Test unsuit	TEB 28 2011		
			☐ Turbid culture		
Improper Container   T			U.S. EPA REGION 10  U.S. EPA REGION 10		
Bacterial Density Results: Plate Count OFFICE			E.coli /100ml.		
	00000 69 0000	al Coliform_			
Method Code:			te and Time Received:		
MICR- 2 7 2 0		24	241/11 11:15 An		
Date Analyzed:	-1-11	Dai	te Reported: 2-2-1105		
092 1759	193				
Sample Number (DOH number plus five digit	s)	-			
DOH Form #331-319 (revised 8/05)					

COLIFORM BACTERIA ANALYSIS				
Date Sample Collected T	me Sample	County		
1 14/11	Collected			
Month Day Year	32 🔼	Clalla		
Month Day Year		MICCALLAM		
Type of Water System (check only one box	-			
Group B Public	☐ Private Ho  Other  ✓			
-				
Group A and Group B Systems – Provide f		ities Inventory (WFI):		
ID# I H 3 8	2 6	_		
System Name: 7 CEDARS	CASIA	n		
Contact Person: JEFF Be	CKER			
Day Phone: ( ) 681-4602		e: ( )		
Eve. Phone: ( )	FAX: (	)		
Send results to: (Print full name, address and zip		,		
JAMESTOWN T	RIBE			
1033 OLD Blyn	HIWAY			
SEQUEM WA.	98200			
	NFORMATIO	ON		
Sample collected by (name):	BECKER			
Specific location where sample collected (ac	dress or sample	e site, and type of favorth		
CA-05 MAIN BA	R Sinl	( and type of faucet):		
Special instructions or comments:				
* BILL TO JA	MESTOU	UN TRIBE		
Type of Sample (must check only one box		,		
Routine Distribution Sample  Provide information below.	I .	Sample (follow-up		
Chlorinated: Yes X No		nsatisfactory sample)		
Chlorine Residual: Total Free	Provide inforr			
3. Raw Water Source Sample	Ulisalisiacion	y routine lab number:		
Required for Surface Water, GWI, and	Unsatisfactor	/ routine collect date:		
some Spring Sources	/	/ routine collect date.		
s	Chlorinated: Y	esNo		
5		dual: Total Free_		
Public Systems must provide Source Number from (WFI)				
4. ☐ Sample Collected for Information On	-			
		Other		
LAB USE ONLY DRINKING WA	TER RESU	LTS LAB USE ONLY		
☐ Unsatisfactory		Satisfactory		
Total Coliform Present and	/	`		
☐ E.coli present ☐ E.coli abse				
☐ Fecal coliform present ☐ Fecal colifo	rm absent	* GLWER		
Replacement Sample Required				
Sample not tested because:	Test unsuita	ble because:		
Sample too old (>30 hours)	☐ TNTC	JAN I U ZUII		
☐ Improper Container	☐ Turbid cu	ulture		
	OFFICE	US EPA REGION 10		
Bacterial Density Results: Plate Count	/ml.E.	coli/100ml.		
	cal Coliform	/100ml.		
Method Code: MICR- 2 7 2 0		and Time Received:		
Date Analyzed:	1-6	1-11 11:00 AM		
The state of the s		Reported: [-5-//		
092 /6836	Lab (	Jos Offiny. Popular		
Sample Number (DOH number plus five digits)  DOH Form #331-319 (revised 8/05)				

COLIFORM BACTERIA ANALYSIS		
	me Sample	County
1,4,11	Collected	
Month Day Year	24 AM	CLALLAM
Type of Water System (check only one box)		
☐ Group A Public ☐ Private Household		
☐ Group B Public		
Group A and Group B Systems – Provide from Water Facilities Inventory (WFI):		
ID# <u>I H 3 8 2 6</u>		
System Name: 7 CEDARS CASINO		
Contact Person: TEFF BECKER		
Day Phone: ( ) 681 - 4602   Cell Phone: ( )		
Eve. Phone: ( ) FAX: ( )		
Send results to: (Print full name, address and zip code)		
JAMESTOWN TRIBE		
1033 OLO BLYN HIWAY		
SERYIM WA 98382		
SAMPLE INFORMATION		
Sample collected by (name):  TEFF BECKER		
Specific location where sample collected (address or sample site, and type of faucet):		
Special instructions or comments:		
* BILL TO JAMESTOWN TRIBE		
Type of Sample (must check only one box of #1 through #4 listed below)		
1. Routine Distribution Sample		
Provide information below.	to an unsatisfactory sample)	
Chlorinated: Yes_X No	Provide information below.	
Chlorine Residual: Total Free		
3. Raw Water Source Sample		
Required for Surface Water, GWI, and	d Unsatisfactory routine collect date:	
some Spring Sources		
s	Chlorinated: Yes No	
8	Chlorine Residual: Total Free	
Public Systems must provide Source Number from (WFI)		
4. Sample Collected for Information Only		
Construction Repairs Private Residence Other		
LAB USE ONLY DRINKING WA	TER RESULT	S LAB USE ONLY
Unsatisfactory	X	Satisfactory
Total Coliform Present and	7	,
☐ E.coli present ☐ E.coli abser	nt	
☐ Fecal coliform present ☐ Fecal coliform absent		
☐ Replacement Sample Required	11	
Sample not tested because:	Test unquitable	hdooloo (CC)
Sample too old (>30 hours)	Test unsuitable	because: Zum
Improper Container		
	L Turbid cultur	EPA REGION 10
Bacterial Density Results: Plate Count /ml. E.coli /100ml		
Total Coliform /100ml Food O. Its		
Method Code: Date and Time Received:		
MICR- 2 7 2 0	Date and	
Date Analyzed: /-4-//	Date Re	-11 11:00 Am
	Date Ne	JUILUU. / -> -//
092 1683 1		
092 / L 837 Sample Number (DOH number plus five digits)	Lab Use	Only: BMP